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HOMELESSNESS IN NEW YORK STATE

A Report to the Governor and the Legislature

New York State Department of Social Services
Cesar A. Perales, Commissioner

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Governor Cuomo's 1984 Message to the Legislature directed the Department of Social Services to coordinate a Statewide effort among all relevant agencies and organizations - - in the private as well as the public sector - - to track the numbers, composition and service needs of the homeless population.

In addition, the 1984 State budget requires a plan for the State's homeless population, which is to include a discussion of the role of localities, private and not-for-profit organizations and State agencies involved in serving and planning for the needs of the homeless, and the State's short- and long-term policy objectives. Both the Governor and the legislature specifically requested a needs assessment describing the characteristics and the geographic distribution of the State's homeless population, an assessment of the extent to which its needs are unmet, and an identification of the type and distribution of housing and supportive services needed to meet such needs. This information is presented in Volume I and Appendices B through G. Other information required in the budget included a discussion of opportunities for meeting the needs of the homeless, a suggestion of the most effective approaches, and a discussion of the State's current efforts in behalf of the homeless. This information is presented in Volume II and Appendix A.

The Department also convened an inter-agency task force of seventeen State agencies that have an involvement with the homeless. Each of these agencies was asked to produce a briefing paper including the services provided by that agency to the homeless, the extent of unmet need, and the statutory, regulatory or program changes needed to provide services more effectively. A summary of these briefing papers, which includes descriptions of the role of State agencies in serving and planning for the needs of the homeless and the programs they supervise, is included as Appendix A.

Volume II, representing a range of proposals for consideration in developing the State's response to the needs of the homeless, follows directly from the needs assessment in Volume I. It provides a framework for discussion of State policy objectives in the context of the intergovernmental system and the State's fiscal capacity. The opportunities presented, which will be considered over the coming months, include a wide range of housing initiatives, support services and programs to prevent individuals and families from becoming homeless. Taken together these proposals would represent an ambitious and costly undertaking. Whether they are adopted in whole or in part, implementation would necessarily occur over many years and the cost would be significant.

This Plan for the Homeless represents a first attempt to examine the issue of homelessness from a Statewide perspective, taking into account the involvement of all levels of government as well as the private sector and covering the broad dimensions of need both in New York City and the rest of the State. It is also a first attempt to formulate a comprehensive approach to the problem and to allocate responsibility for dealing with specific aspects of it to appropriate agencies.

This document should not be construed as a final blueprint for State action. Rather, it represents a series of opportunities for State policy-makers to consider within the broader framework of governmental responsibility and fiscal capacity. Over the coming months we hope that this document will provide a basis for an open discussion among policy-makers at all levels of government and between government leaders and the concerned private sector. It is only after that process occurs, and the ability and willingness of each of the participants to contribute is determined, that a definitive agenda for the homeless can emerge.

We look forward to that dialogue and the challenges ahead.

ACKNOWLEDGMENTS

This report represents the collected efforts of many people and organizations both in and out of government. Although space limits our ability to thank individually the many people who generously helped in collecting and analyzing information, we would like to express particular gratitude to Mr. Kim Hopper and other members of the staff of the Community Service Society of New York. Without their frequent technical advice and professional review, this report would have been substantially less complete and less accurate. The survey on which the first volume is based was directed and analyzed by Professor Timothy Baker of the Adelphi University School of Social Work. It likewise benefitted from the considerable assistance of the New York City Department of Housing Preservation and Development, the Community Council of Greater New York, the United Way, the Salvation Army, the Hospital Association of New York State, and the several local police departments, including the New York City police. The New York City Human Resources Administration, which serves by far the greatest number of homeless people in the State, was also of invaluable assistance in collecting this information. Significant contributions were also made by each of the State agencies listed in the Appendix to Volume II. Besides participating in an inter-agency task force and developing briefing papers, each agency willingly provided additional information and answers to questions along the way. Particularly helpful in this regard was the Office of Mental Health, which assisted both in general research on homelessness and in detailed analysis of policy options for the mentally ill. We are also grateful to the members of the Governor's Task Force on the Homeless and the Department of Social Services' State Advisory Council, who took the time to review drafts of Volume I. Finally, Katherine Franks-Napoli provided administrative and editorial support at every stage of the process, from initial design to final editing; Colleen Salvagni, Barbara Blanchard, and Sally Mills prepared the final document and many preliminary drafts. No page would have been complete without their help.

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A Report to the Governor and the Legislature

Volume I: THE CONDITION AND NEEDS OF THE HOMELESS

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On an average night last year, 20,210 people in New York State spent the night in emergency accommodations provided by government, churches, synagogues or private charities. Of those, more than 11,000 were members of homeless families and some 9,000 were single individuals. The vast majority -- about 85 percent -- were in New York City.

The majority of those in emergency shelter -- and most particularly, nearly all those in families -- exhibited none of the social or mental disabilities commonly associated with homelessness. Even among single individuals, who are on the whole more likely to be mentally or physically ill than are family members, the incidence of mental illness was no more than one third, and probably less. About a third of the singles were substance abusers.

About those homeless people who were not in shelters, little can be said with confidence. Using an estimate developed in Boston and Pittsburgh and later adapted by the Federal Government, it is possible to estimate the total homeless population of the State, including both those in and out of shelters, between 40,000 and 50,000 people.

Several explanations for homelessness have been suggested, which together make up a framework for understanding and measuring need. Three economic factors seem particularly important: the decrease in the State's low-income housing stock, particularly in recent years; the recent sharp increase in poverty and unemployment; and the inadequacy of the old levels of the public-assistance shelter allowance in a market where housing is rapidly becoming more expensive.

In addition to these, problems of mental disability, chemical dependency, physical impairment, and large populations of isolated elderly people and young people unprepared for independence also have contributed to the numbers in emergency shelter. In each case, precise levels of need are hard to estimate, since many people suffer from more than one impairment. Yet clearly, as part of an overall strategy for improving the housing available to such people, a combination of supported housing and independent housing with readily-available services needs to be provided. Among those in need may be more than 7,000 mentally disabled people, perhaps 3,000 drug abusers and between 3,000 and 6,000 alcoholics.

PROLOGUE

"Statistics is a grim business. Most of the time, it seems to me, people resort to counting when they find things too horrible to describe any other way."

A social services researcher for the State of Michigan, in response to a question about data on the homeless.

PROLOGUE: ON COUNTING THE UNCOUNTABLE

The paper that follows describes the surface of a problem. It is a paper about the technically and obviously homeless -- primarily those in emergency shelters and those sleeping outside of shelters about whom some inferences can be made. It will describe the visible effects of a largely invisible phenomenon: the scrambling of very poor people after a rapidly shrinking number of dwelling units.

Increasingly, as this report will show, the problem of homelessness is affecting people and families who are in most respects like other poor people, except that they cannot find or afford housing. The homeless transient, the wandering loner who may be alcoholic or mentally disabled, is no longer typical of the great majority of people without shelter. More and more, those sleeping in emergency shelters include parents and children whose primary reason for homelessness is poverty or family disruption. They have arrived in shelters not from the streets but from some dwelling (typically not their own) where they are no longer welcome or where they can no longer afford to stay.

The problem of homelessness, in other words, is now in many cases the last stage of a process that begins in a crowded unit where two or more families share space for a time, until tension and inconvenience force the secondary tenants to move on. Or else it may begin with fire, with the cessation of heat or water, or with other conditions that make a unit uninhabitable. Those who are driven out for any of these reasons may move on to someone else's unit, and face more problems and tensions and eventually have to leave again. Or they may go directly to a shelter. In any case, for more and more families, the shelter eventually becomes the refuge of last resort.

Across the State last year, more than 143,000 poor families were "doubled-up" in the homes of other people.¹ At least 4,000 such families were tripled-up,

¹ This number is derived from the 1983 Current Population Survey conducted by the U.S. Bureau of the Census. It includes families living in a household owned or rented by someone outside the family, whether a relative or non-relative.

or worse. Some 33,000 of the families doubled and tripled-up were public-assistance recipients in New York City. While not all these families are on the brink of homelessness, many of them probably are. How many? It is impossible to know.

In the emergency accommodations provided to families by New York City last year, nearly half the 8,000 residents were previously living in another family's household. Of those, about half had never had a house or apartment of their own. Most were young, single mothers with children.

This is frequently true of single people as well. New York City reports that last year some 73 percent of the single adults in its shelters had previously lived on their own or had been staying with family or friends, but were no longer able to do so. Some twenty-five percent of single adults were in shelters simply for lack of a job. Others have found even higher percentages. A survey by the State Department of Social Services that underlies the bulk of this report found that nearly a third of the single adults in emergency shelter in New York City were homeless because of unemployment.

These figures lead to the first of three words of caution, without which this report would be incomplete: the population of the technically homeless is drawing more and more from a largely uncountable population of nearly homeless people who are in most other respects indistinguishable from the rest of the low-income population. Without a significant change in the low-income housing market, that population is likely to expand, and with it, the population in shelters will expand as well.

The second word of caution is about those who do not reside in emergency shelters, those who spend nights hidden from view, scattered, frequently isolated and unserved. Some of these have been found and counted in other places by various means that will be described in a later section of this report. But many others, in abandoned buildings, in dark basements and hallways, steam tunnels, empty garages, the bathrooms of unpopulated places, find shelter out of the public view. There can be no reliable count of these unsheltered people; no study will describe their condition, their needs can only be guessed.

Finally, it is clear in all the findings of this study that homelessness is both a cause and an effect of social traumas that run broad and deep. Neither this volume nor the accompanying program suggestions in Volume II, nor any other responsible treatment of the subject can hope to set forth all the economic, social and clinical issues that accompany homelessness. The people studied here have arrived at the last stage of destitution; there must of course be more to say about their needs than can possibly be said here. We will necessarily limit ourselves to the problem of finding and keeping a place to live, and the factors that immediately affect that problem.

What follows represents a first attempt by the State to document the numbers and characteristics of people in the various public and private programs around the State that serve the homeless. From that number, we have attempted to estimate those who are not sheltered or served, but this latter attempt is tenuous at best.

In response to a similar attempt last year by the Federal Department of Housing and Urban Development, Kim Hopper of the Community Service Society of New York wrote:

There is good reason for questioning the expertise of any informant who claims to be able to give anything other than the number of people actually sheltered on a given night with any confidence. People on the move, living by their wits, seeking to avoid detection in the interest of securing safe refuge do not make for a readily enumerated population.²

We have tried to be clear in describing how reliable the various findings are, and in pointing out those that represent actual tallies, as opposed to informed estimates.

Still, after all is said, the problem remains largely invisible. While it is relatively easy to present (and to dispute) numbers, it is more difficult to convey the hardship that results when a fundamental human necessity disappears. Ultimately, that is the most uncountable matter of all.

² Kim Hopper, "Whose Lives Are These, Anyway?", Urban and Social Change Review, Volume 17, No. 2, Summer 1984.

PART I

"Kids have to have someplace to stay. I was told about national housing. I was on a waiting list for 10 years. ...We moved in with my cousin, who has only one bedroom. She was trying to make room. One of my youngest children got meningitis where she had to stay at the hospital for a couple of weeks. The hospital social worker sent us to the Ronald McDonald Home, which took us in for a while. But Sunday will be my last day there. I have never been in a shelter...I don't know what I am going to do Sunday."

Pearline Pegues in testimony before the House Committee on Banking, Finance and Urban Affairs, Subcommittee on Housing and Community Development, December 15, 1982, a Wednesday.

PART I: THOSE WHO SLEEP IN SHELTERS

Numbers, Characteristics and Needs

On the average night in 1983, 20,210 people spent the night in an emergency shelter or publicly-purchased hotel room in New York State. Nearly eighty-five percent of those, some 17,000 people, were in New York City.

The number of people in shelters and welfare hotels has grown rapidly Statewide; providers of shelter estimate an average 126 percent increase in their caseloads over the last three years. Between January and May of 1984, the number of families sheltered by New York City alone grew by some twenty percent and is still increasing.

Part I of this report describes some of the characteristics of the State's emergency shelters and of those who stay in them. A comprehensive picture of this population, in various kinds of public and private shelters, hotels and motels, churches and synagogues, specially-adapted public buildings, the waiting rooms of private charities and other permanent or makeshift arrangements, has never previously been compiled. The numbers in this section come from a Statewide survey of providers of shelter to the homeless conducted by the State Department of Social Services, representing 250 agencies that directly provide, purchase or arrange shelter for homeless people. These providers, along with others who serve the homeless in other ways, were asked questions about their facilities, clients, funding sources, requirements for admission, and the unmet needs of those they serve.

The following sections describe the survey and its findings. The survey of providers and summary data tables constitute Appendices B and C.

I. Survey Method

In consultation with various providers and advocacy groups, the Department of Social Services developed and circulated a survey in May, 1984, addressed to over 1,000 agencies Statewide, all of whom had at some time made themselves known to the Department as concerned with issues of emergency food and shelter. Various local and Statewide non-profit agencies assisted in distributing copies of this survey to other potential providers; these agencies included the New York City Partnership for the Homeless, the New York State Association of Jewish Federations, the New York State Catholic Conference, the Salvation Army, the Community Council of Greater New York, the American Red Cross, the United Way of New York State and the Volunteers of America.

The survey asked those who did not directly provide, purchase or arrange shelter for homeless people to return a card saying so, or to notify the Department in some other way that they were not "providers of shelter" as defined for this survey. A telephone follow-up was conducted to encourage responses or to determine that the agency was not a provider of shelter. Eight hundred fifty-six agencies responded to the survey, either in writing or by telephone. Responses were received from all local social services districts and from 798 other agencies. Approximately 600 of these agencies responded that they were not providers in this sense; the remaining respondents, minus duplications and errors, numbered 250.

All responses were carefully reviewed for consistency, and many respondents were contacted for clarification. Special care was taken to ensure that people were not being counted twice -- for example, in a case in which one agency might purchase or arrange for shelter that is then provided by another agency. Telephone follow-ups were used in this process as well, to be certain that a person whose shelter was arranged for or purchased was counted only under the agency that actually provided the bed.

The survey also asked respondents to name other agencies in their area that provided or arranged shelter. These agencies were also contacted by mail and by phone. Several advocacy and funding agencies were also asked to review the list of those contacted, to make certain that no providers were omitted.

The data from two other surveys will be cited in various places in the text. In June, 1983, the Income Maintenance Division of the Department of Social Services conducted a survey of homeless public-assistance families in all of the counties of the State. These data are useful in that they help to focus on the specific questions concerning the major group of homeless families, welfare recipients. The second report from which data will be reported is the recent survey done by the Federal Department of Housing and Urban Development (HUD) on the Homeless and Emergency Shelters. While there is some concern that the numbers arrived at by HUD may be a serious understatement of the problem, the Federal description of the characteristics of the homeless and of shelter agencies are valuable in putting the New York State data into perspective. Unless otherwise stated, however, figures which are cited throughout the text about programs and individuals come from the DSS survey of providers.

Other questionnaires were separately circulated to county governments, hospitals and police. The county Social Services Departments were asked to complete ordinary provider surveys, but county executives were also asked additional questions about the nature and extent of homelessness in their area and the availability and quality of low-income housing. The Hospital Association of New York State and the county sheriffs in each county (in New York City, the police department was contacted) assisted in collecting information from

hospitals and police units who have contact with the homeless. One hundred forty-five responses were received from hospitals and 240 from police, which represented a substantial, but by no means complete, response from those organizations. Results were hand-tabulated separately from responses from providers, which were computerized.

Responses were analyzed according to a division of the State into nine regions, which are shown on the map in figure 1. The regions consist of six areas including large metropolitan areas (called the "Buffalo," "Syracuse," "Rochester," "Albany," "New York City" and "New York Suburban" regions) and three large rural areas (called the "Southern Tier," "Catskills" and "Adirondacks" regions, for convenience). These regions were designed solely for analytical convenience and do not correspond to any regional system for allocating funds or administering programs.

Unless otherwise indicated in this report, responses from providers were weighted by the average nightly number of persons sheltered by each agency, to derive regional or statewide summary figures.

II. The Number of People in Shelters and their Demographic Characteristics

A. Number

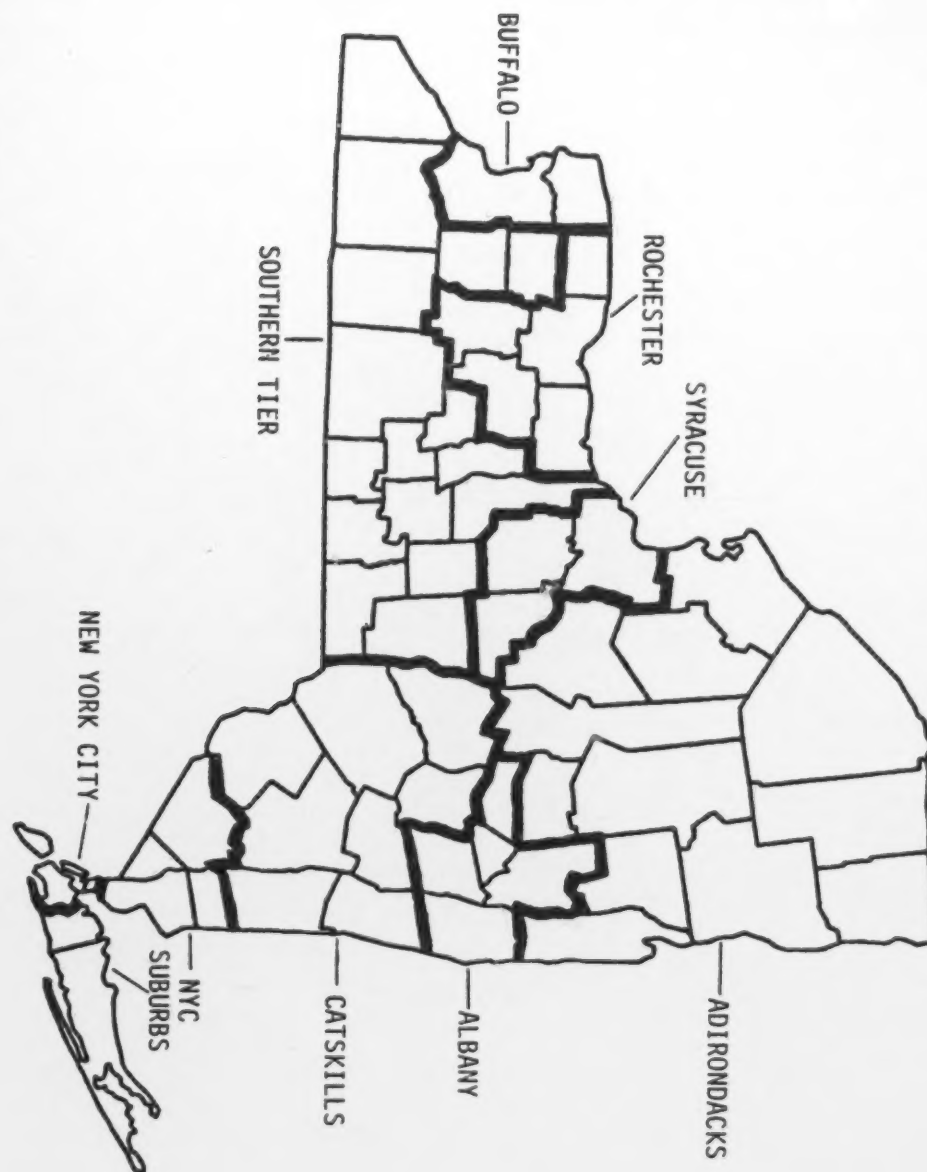
To achieve an unduplicated count of homeless people, who in some cases leave and return to shelters over time, who may receive different services at different places and times, and who could conceivably move around the State over time, we have focused this investigation on the nightly average population in each emergency shelter. Since virtually no one occupies more than one shelter on one night, this approach --together with the precautions noted in the previous section -- virtually guarantees an unduplicated count of those in shelters.

On the average night in 1983, public and private shelters across the State provided space for 9,013 single individuals and 3,170 families.

In New York City, the average family size for families in shelters is 3.6 persons. Upstate, the average is 3.2 persons. **In total, then, families in shelters Statewide amounted to 11,197 persons on the average night.**

The total average nightly population of shelters in 1983, counting both singles and persons in families, was 20,210. Approximately 85 percent of the sheltered families and 80 percent of single individuals were sheltered in New York City. Figure 2 shows variations in the average nightly shelter beds (per 100,000 population) across the State.

Figure 1 .



Delineation of Nine Geographic Regions Used in Report

B. Characteristics of Those Sheltered

Respondents were asked for estimates of the number or percentage of their clients who fit particular conditions that affect the ability to find or keep housing. What emerged was a picture of two quite different homeless populations: a group of single individuals with widely varying problems ranging from simple unemployment to mental disability and substance abuse; and a second group, consisting largely of members of families, whose condition much less often reflected the physical and social problems suffered by some homeless singles.

The following table sets forth the differences between singles and families in certain important respects.

	<u>% Persons In Families³</u>	<u>% Single Individuals³</u>
Mentally Disabled	5%	32%
Physically Disabled	2%	8%
Substance Abusers	9%	33%
Victims of Domestic Violence	24%	4%
Migrant/Seasonal Workers	2%	1%

The percentages do not sum to 100 and are not mutually exclusive. It is wrong, for example, to conclude that 65 percent of singles suffered from mental disability or substance abuse. These populations often overlap, and the total percentage of people in these conditions is therefore much smaller than the sum of the columns.

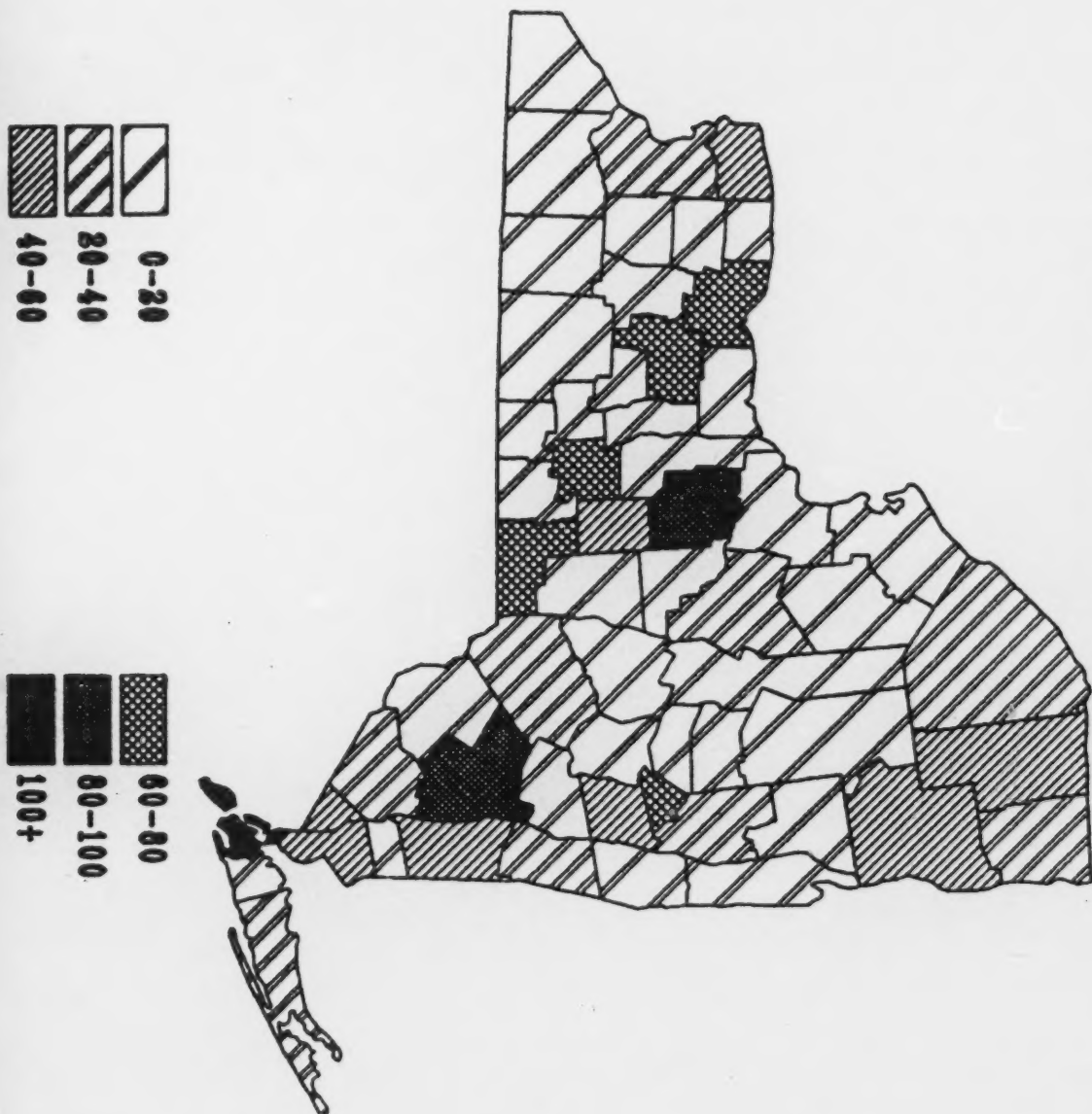
The national HUD study, which did not distinguish between singles and families, found 38 percent to be drug or alcohol abusers, 22 percent suffering from mental illness, 40 to 50 percent in "personal crisis."

Most of the homeless persons served by these providers are Black. However, homeless families and singles were also slightly different in racial

³ The percent mentally disabled was higher for families in the Albany, Syracuse and Catskill regions, and highest for individuals in the New York City suburbs and Catskills. Albany had higher family rates and Buffalo had low individual rates for physical disabilities. Substance abuse was relatively high for families in the suburbs and Syracuse, and low for individuals in the Catskill and Adirondack regions. Domestic violence was low for families in the New York City suburbs. It was high for both families and individuals in the Buffalo and Catskill regions.

Figure 2

Number of Sheltered Persons
(as Rate Per 100,000 of County Population)



composition. Homeless families were twice as likely to be Hispanic, slightly more likely to be Black, and only half as likely to be White as were individuals. These differences are set forth in Figure 3. Actual percentages follow.

	<u>% Persons In Families</u>	<u>% Single Individuals</u>
Black	57%	54%
White	10%	29%
Hispanic	32%	16%
Asian	0.3%	0.3%
Native American	0.2%	0.6%
Other	0.9%	0.3%

The HUD study noted a rise in the numbers of minority homeless nationally.

The following table sets forth the percentages of people in shelters by age and gender. Many respondents were unable to give this information. The data reported here are percentages of those for whom a response was given.

	<u>Males</u>	<u>Females</u>
under 18	5.0%	13.2%
18 - 30	35.8%	34.1%
31-60	53.3%	45.0%
over 60	5.9%	7.7%

In its ongoing research, the Council on Children and Families has not found a meaningful difference between the numbers of homeless male and female youth under 18. It is likely that the larger percentage of young females reported here indicates a larger number of female family heads below 18. The Council found comparatively few homeless youth below the age of 15, but did find a significantly lower average age for young homeless females than for males (15 and 17 years old, respectively).

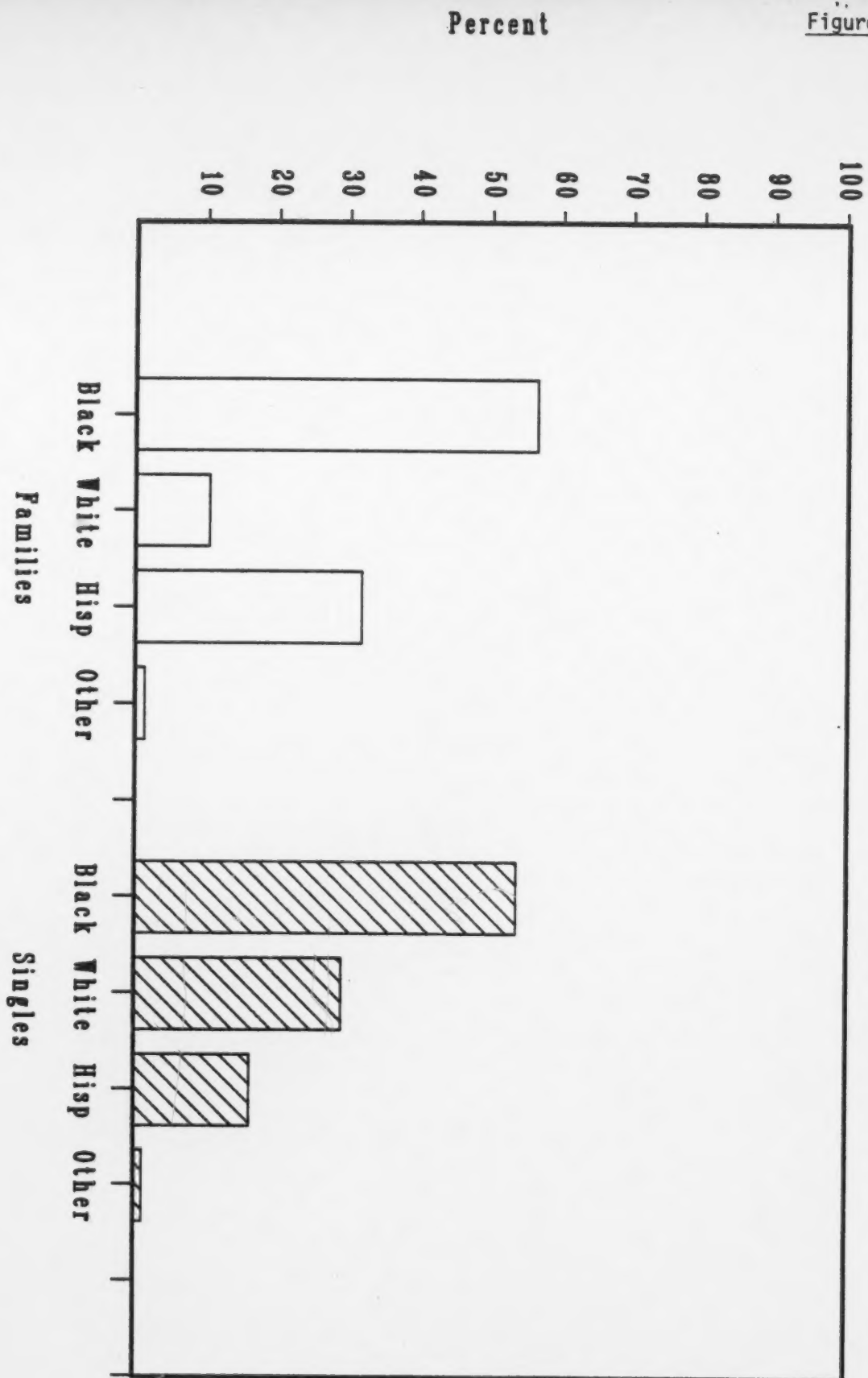
C. Previous Residence and the Reasons for Homelessness

The previous residence of those in shelters is not a matter about which all providers gather information. Nevertheless, those who responded suggested the following percentages:

- 38.5 percent previously lived independently in their own housing unit
- 35.3 percent lived in someone else's housing unit

Figure 3

Race/Ethnicity of Sheltered Persons



- 7.0 percent lived in an institution
- 19.2 percent lived elsewhere

In New York City's publicly operated shelters, the percentage of families who had previously lived in someone else's housing unit was much higher than this average (57 percent). For singles, it was only 13 percent. Singles in New York City were also much more likely to have lived in public places (streets and subways, for example) or in rooming houses and SROs than were families, virtually all of whom had come directly from a house or apartment.

Similarly, not all providers were able to answer questions about the locality in which their residents were previously living. Those who were able to answer supplied the following information:

- 77 percent came from the same municipality in which they were being sheltered
- 10 percent came from outside the municipality but in the same county
- 3 percent came from another New York county
- 10 percent came from outside New York State

The highest percentage reported as being from out of State was in the "Southern Tier" region. Nationally, it was estimated that 52 percent of the sheltered were local residents.

New York City was able to provide these estimates separately for families and individuals in its own shelters. Virtually all its families in shelters (97 percent) were New York City residents previously, whereas approximately one quarter of the singles in its shelters were from outside the State.

The immediate reasons for homelessness among those in emergency shelters center primarily on eviction (60 percent of all homeless people Statewide had been forced to leave a previous dwelling), though the majority of those forced to leave -- some 37 percent of the total population -- had been doubled up in someone else's dwelling and had not been able to remain. Among homeless families in publicly operated shelters in New York City, this latter number was much higher -- about 57 percent. Larger families typically have more trouble living with other families (because of crowding, among other things), and also find it harder to locate adequate housing. This is no doubt one reason why the average family in shelters is larger than the average poor family living independently.

Other reasons for homelessness, particularly among families, were destruction of the housing unit (four percent), family disruption (seven percent) and various other reasons that included domestic violence, loss of heat or water, or mental health problems.

The survey of homeless public-assistance recipients conducted by the Social Services Department in 1983 found domestic violence to be almost twice as likely to be the reason for homelessness Upstate as in New York City (14 percent vs. eight percent, respectively). However, this difference may reflect the greater specialization of shelters outside New York City, or the degree to which various groups can be accommodated by the available shelter space. Poor housing conditions were much more likely causes in New York City (20 percent of the cases in that study were homeless because of poor conditions or code violations, compared to seven percent Upstate). Fires, representing 33 percent of the explanations in New York City in that study, represented only seven percent Upstate.

D. Levels of Need

Finally, the survey asked providers to estimate the number or percentage of those they sheltered who needed different levels of support in order to find and keep housing. Those who responded estimated, on average, that 37 percent of those they served required some kind of organized or institutional support program -- either a direct institutional placement or housing that was accompanied by supportive services and counselling. Those who required cash assistance or supportive services, but not specially-enriched housing, represented an average 33 percent of the total Statewide. Another 30 percent, on average, were reported to be only temporarily homeless for economic reasons; these would be able to maintain a housing unit if they could find suitable work. A somewhat higher percentage of the homeless in New York City was reported to need institutional support (41 percent compared to 27 percent elsewhere) and a somewhat lower percentage was reported to require only cash assistance or supportive services (27 percent compared to 48 percent elsewhere).

III. The Capacity of the State's Shelters

It is not possible to state a firm number -- or for that matter, even a reliable range -- for the State's total shelter capacity. The principal reason is that the homeless are frequently quartered in space so provisional or makeshift that a room adequate for ten people one night is often used as space for fifteen or twenty on another night. Fire codes, building codes and shelter regulations notwithstanding, many shelters find space for more people than they should, largely because an emergency situation offers little time for alternatives, and new facilities take time and money to develop.

Even large shelter systems like New York City's have had to rely on "capacity" that in many cases represents a current expedient, but not a real long-term supply of safe and code-compliant emergency accommodations. Armories, gymnasium floors and other ad-hoc dormitories are being used to shelter large numbers of homeless people in New York City; in the second quarter of 1984, more than 2,000 people were being sheltered in such accommodations on an average night. Armories alone accounted for more than 1,600 of these, and on the worst nights that number rose as high as 2,200. This is space; it is not real capacity.

Nevertheless, the available alternatives are few and difficult to develop. New facilities are being developed when buildings are available and can be adapted at reasonable cost. Without a reliable estimate of the probable future levels of need -- that is, while the number in need continues to increase -- it has been the policy of both the State and localities to develop more space (or purchase more hotel rooms) as more people present themselves for shelter. Even private charities and non-profit organizations have developed a fluid "capacity," appropriating more space, recruiting more church basements, laying more mats, or merely crowding more people into rooms night by night whenever the demand exceeds expectations.

That said, it is at least possible to interpret the maximum number sheltered on a single night as a measure of the tested limit of the State's capacity so far. The number can (and probably will) become larger in the coming year.

The maximum number of people sheltered by public and private agencies Statewide on their busiest night was 26,185. That high most often occurred during the winter of 1983-84. Assuming this number to be a kind of measure of capacity, the average number of beds used was 77 percent of the total, and the smallest number was 61 percent. HUD's report found a seventy percent occupancy rate to be the national average. The following table shows the maximum and average numbers sheltered by region.

	Maximum Sheltered	Average Sheltered	Percentage of Maximum
New York City	20,347	16,699	82.1%
New York City Suburbs	1,811	1,019	56.3%
Albany Area	441	310	70.3%
Syracuse Area	610	441	72.3%
Rochester Area	917	535	58.3%
Buffalo Area	685	392	57.2%
Southern Tier	479	326	68.1%
Catskills	491	280	57.0%
Adirondacks	337	207	61.4%
STATEWIDE	26,185	20,210	77.2%

IV. Characteristics of Providers and Shelters

A. Who is Accepted for Shelter

Agencies were asked in the survey to identify the populations they would accept. The following table sets forth the percentage of the average nightly occupancy that was available to the specified groups. (For example, 3 percent of the average nightly bed space was available only to single adult men; 10 percent was available to unaccompanied minors as well as to other groups).

Providers with These Percentages of Average Bed Space

	<u>Would Only Accept</u>	<u>Would Accept</u>
Single Adult Males	3%	48%
Single Adult Females	1%	47%
Single Adults	33%	43%
Unaccompanied Minors	1%	10%
Women with Children	0%	59%
Two Parent Families	0%	56%
Anyone	--	7%

Most of the programs that focus on a particular group are in New York City. Most of the agencies in the Catskill and Adirondack regions, and at least one-quarter of the programs in the Albany, Rochester, Buffalo and Southern Tier regions, said they would take anyone. This would be expected of regions with larger geographic areas and fewer people.

In HUD's national study, which did not include those sheltered in hotels and other voucher arrangements, it was found that 25 percent of the shelters that were studied accepted anyone, 8 percent housed families, 17 percent took women only, 19 percent took women and children and 20 percent took men only. Of the national sheltered population, 66 percent were single men, 13 percent were single women and 21 percent were families.

Agencies providing 94 percent of the average nightly shelter in New York State also provide meals. This number was generally lower in the Upstate areas than in New York City. HUD found that 95 percent of the agencies nationally provided meals.

B. Sources of Referral

The following percentages of those sheltered by local Social Services districts were referred to the district by the following sources, according to those local commissioners who responded:

- 70 percent self-referral (walk-ins)
- 4.4 percent from other programs conducted by the local district
- 3.1 percent police
- 2 percent other local governmental agencies
- 2.1 percent private voluntary agencies
- 18.3 percent other

In non-urban regions, referrals were much more likely to come from other programs operated by the local district, than in the cities.

Private agencies received the following percentages of their referrals from the corresponding sources:

- 19.0 percent local Departments of Social Services
- 5.9 percent police
- 6.3 percent other local governmental agencies
- 2.8 percent State agencies
- 17.7 percent private voluntary agencies
- 30.1 percent self-referral (walk-ins)
- 18.8 percent other

Private agencies in the Syracuse and Buffalo regions received fewer referrals from local Social Service departments than did agencies in other regions. Agencies in New York City and the suburbs received fewer referrals from the police and fewer self-referrals, but more from other local government agencies.

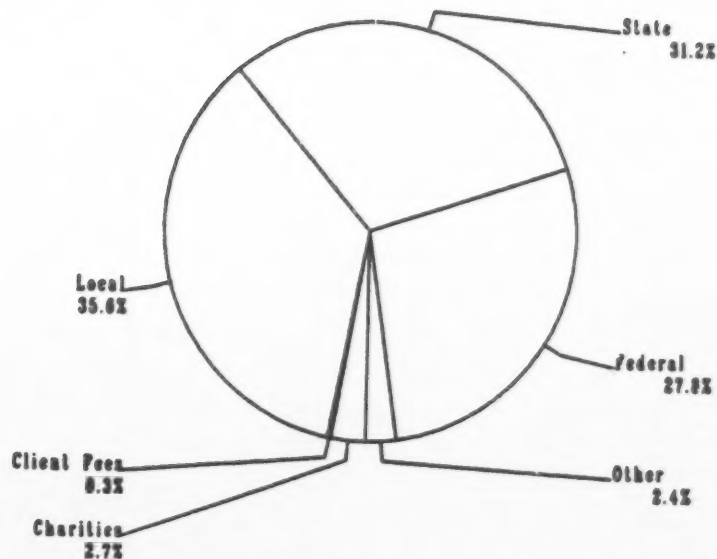
The most common responses given under "other" were hospitals and other medical professionals, other non-profit agencies (e.g., Red Cross, Traveler's Aid, other shelters, etc.), churches and synagogues, and friends. Also noted were word-of-mouth, other governmental agencies (police, prisons, customs, etc.), media and information and referrals, outreach and re-admissions.

C. Source of Funding

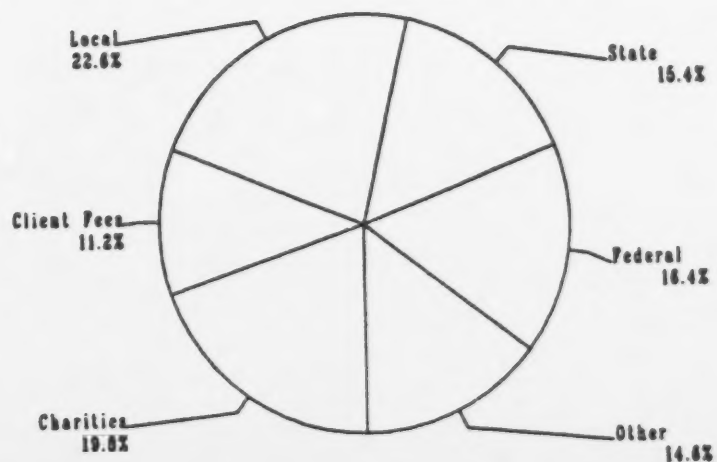
Funds to support public and private shelter programs Statewide were fairly evenly divided among Federal, State and local government sources, with local governments contributing slightly more, and the Federal government slightly less, than the State. Other sources, including private contributions, were a comparatively small part of the total in New York City, but made up nearly half of the total upstate. Figure 4 sets forth the shares attributable to each source in New York City and in the rest of the State.

Funding Sources for Shelter Beds

New York City



Rest of State



D. Restrictions on Available Shelter Space

Provider agencies were asked about the people they normally exclude from their shelters. The percentage of the State's shelter beds normally unavailable to each of these groups is listed below.

- 48 percent exclude physically disabled persons
- 44 percent exclude persons with multiple problems
- 21 percent exclude those under the influence of drugs
- 18 percent exclude those under the influence of alcohol
- 9 percent exclude mentally disabled persons
- 8 percent exclude families with three or more children

Practices regarding the exclusion of certain types of people varied across the regions of the State. For example, the exclusion of mentally disabled persons was more common among shelters in the Adirondack region, and exclusion of persons with physical disabilities or multiple problems was much more likely to occur in New York City.

About 15 percent of the State's shelter beds are in agencies that limit the length of time people may stay. Among those with such a restriction, the average limit was just under three months. In its national study, HUD found that most agencies do limit the length of stay, usually to only two weeks. As the HUD report pointed out, however, New York's situation is quite different, since the City is under a court order prohibiting such a limit in its men's shelters. Thus, the average stay for families sheltered by public and private agencies in New York City is about six months, whereas the averages for families sheltered in other regions of the State ranged from about four days in the Adirondack region to about 89 days in the suburbs of New York City. Seven percent of the shelter beds in the State are found in agencies that limit the number of times persons may come to the shelter.

Half of the shelter beds in the State involve certain conditions for staying in the shelter. The five conditions most commonly noted by providers were (in order of frequency):

- no alcohol or drugs
- no physical violence or disturbances
- required participation in therapeutic programs
- a requirement to leave the shelter during the day
- no smoking in certain areas

⁴ All the percentages in this section represent a weighted average of provider responses -- that is, each provider's response being weighted by the number of people served by that provider on the average night. In that sense, then, the percentages represent shares of the State's total "beds" on an average night.

Some shelters also require residents to attend religious services, to be local residents, to perform work, to seek alternative living arrangements, to apply for public assistance, etc.

V. Unmet Needs

On the average night in 1983, the State's providers of shelter turned away 97 families and 501 single people Statewide, almost always for lack of space. Providers who together account for some 90 percent of the available shelter capacity in the State pointed to the winter of 1983-84 as a time of particular strain on their available space. It is worth restating that all of those reported as turned away were turned away by agencies other than the Human Resources Administration in New York City, which has established a policy of providing emergency shelter to anyone who requests it. This policy is partly the result of a 1981 consent decree that requires the City to guarantee shelter to certain broadly-defined categories of people.

Among those who are sheltered by public and private agencies in the State, the range of needs is considerable. Despite the best efforts of such agencies to provide or arrange for needed services, many indicate that essential needs of their clients remain unmet. Below is an indication of the percentage of shelter beds found in agencies that provide or arrange for specific services and those identifying specific services as major unmet needs of the homeless.

	<u>Provided Or Arranged</u>	<u>Major Unmet Need</u>
Housing Referral	94.5%	53.5%
Child Care	54.9%	51.8%
Job Training	43.2%	40.3%
Psychiatric Services	42.4%	40.2%
Medical Services	91.1%	37.0%
Educational Services	85.3%	36.7%
Counselling Services	94.9%	34.5%
Information on Cash Assistance	91.6%	3.9%
Advocacy/Translation	64.0%	3.5%
Meals	94.3%	3.3%
Other	4.0%	2.3%
General Information and Referral	95.8%	1.7%

Because the relationship between clients and resources is not uniform across the State, it is not surprising to find regional variation in the identification of "major unmet needs." Thus, meals were more likely to be cited as such an unmet need by agencies in the Albany, Syracuse and Buffalo areas than elsewhere in the State. Housing referral is, understandably, felt to be a greater need in New York City and its suburbs, but it is also considered to be a major unmet need for about one-third of the clients in rural areas. The suburbs

of New York City were the least likely to consider job training or psychiatric services as a major unmet need. The former was most often identified in the Catskills and the Southern Tier, and the latter most frequently cited in the Catskills and the Syracuse region. Other regional differences in need are discussed in a subsequent section of this report.

In response to an open-ended question regarding other resources or services needed, the primary response from providers was the need for permanent housing for the poor, especially single-room-occupancy units. The providers noted the obvious need for employment opportunities for the homeless, especially low-skill jobs and training programs. The need for more shelter beds and additional program funding were also frequently noted in response to this question.

VI. Other Surveys

As part of the present study of homelessness in New York State, a survey was sent to 255 hospitals across the State, to elicit their perspective on the problem. The 145 hospitals that responded to the survey expressed concern for the homeless, but the data provided by these hospitals did not indicate that this problem directly affected their day-to-day operation. Few reported any significant number of patients whom they could not discharge because the patient had no residence. When such instances occurred, they frequently involved a problem in finding a nursing home bed for the elderly. Nor did these hospitals report a higher rate of admissions for the homeless, compared to other emergency-room patients. However, there was some evidence that admission rates for the homeless may be higher at hospitals that have a psychiatric unit. Finally, 80 percent of the responding hospitals indicated that they treat far more homeless persons in the winter than at other times of the year.

Two hundred forty local police and sheriff's departments responded to a third survey that was addressed specifically to them. In the view of most police respondents, the problem of homelessness is not particularly a winter phenomenon. About three-fourths of the police officials in Upstate counties identified late spring, summer or early fall as the time when the homeless population they encounter is largest. In fact, sixty percent of the precincts in New York City also indicated that the problem was greatest in the summer. This may reflect the greater visibility of the homeless in the warmer months, and the greater probability that they would sleep outdoors.

In New York City, the police generally believed the problem of homelessness to be substantial and increasing, although Staten Island and Brooklyn police noted no sharp increase in their Boroughs. Police generally attributed the increase to the younger homeless population, but they also reported an increase in the number of homeless adult women and mentally disabled persons. The mental health training given to officers was generally perceived as an important feature in responding to this population.

In many Upstate rural counties, only an occasional transient comes to the attention of police, whose usual response is to refer the person to a private agency (mostly the Salvation Army, Catholic Charities, or the Red Cross) or to the local Department of Social Services. A few even reported housing the person for the night and seeing him off the following morning. Police in the urban Upstate counties regard the problem as considerably more serious, but still distinguishable from that found in New York City. Many in these urban areas expressed the belief that homeless persons from the surrounding rural areas come to their urban area because the former do not have shelters or emergency hotel space. In general, police in the Upstate counties agree with their New York City counterparts that the homeless population is becoming younger.

VII. Regional Differences Among Those Responding to the Surveys: A Postscript

Throughout this section, we have noted differences among the nine regions in their response to particular questions. These differences are summarized below, and some detail has been added.

A. New York City

By far, the majority of homeless persons in New York State (and a significant proportion of the national homeless population) is found in New York City. Several factors that might account for this are discussed later in this report. These include the City's large poverty population, high unemployment rate, and low rental vacancy rate.

From the survey of provider agencies, shelter programs operating in New York City are distinguished from those in other areas of the State in the following respects:

- o some private programs, particularly those in churches and synagogues, are less likely to operate year-round and less likely to be open during the day
- o more programs are focused on specific groups of the homeless
- o the police are less likely to be the source of referral to shelter programs
- o women represent a smaller percentage of sheltered single persons than in Upstate shelters
- o eviction by a primary tenant is more likely to be the cause of homelessness, whereas family disruption and discharge by an institution are less likely to be the cause, compared to other areas of the State.

Perhaps the most distinctive feature of homelessness in New York City is that the collective term masks an especially wide diversity among various groups of homeless persons and families. Understandably, then, there are differences of opinion on the directions that should be taken to address the homelessness of these groups. The City's position has been developed in several reports, of which six seem especially noteworthy:

- o Providing Services for the Homeless: The New York City Program, NYC Human Resources Administration, 1982
- o Emergency Services Provided to Families by the HRA and the Department of Housing Preservation and Development, NYC Office of the Comptroller, 1983
- o New York City Community Support Systems: Monitoring Report, NYC Department of Mental Health, Mental Retardation, and Alcoholism Services, 1983
- o Efforts by the City of New York to Assist the Homeless, Edward Koch, Mayor, 1983
- o A Comprehensive Plan for the Temporary and Permanent Needs of Homeless Families in New York City, NYC Human Resources Administration, 1984
- o New York City's Services to Homeless Families: A Report to the Manager, Carlotta Brautley et al., 1983.

Certain advocacy groups in the City have been critical of the efforts undertaken with regard to the homeless. In particular, the following reports are noteworthy:

- o One Year Later: The Homeless Poor in New York City, Kim Hopper et al., 1982
- o Cruel Brinkmanship: Planning for the Homeless, Coalition for the Homeless, 1982
- o Response to the City's Plan for Homeless Adults, Housing Committee of the Coalition for the Homeless, 1984

Beyond the basic question of the adequacy of public and private efforts to provide for the homeless of the City, exchanges between the City and advocacy groups have addressed the following issues:

- o the proportion of State and local resources that should be committed to creating permanent housing, the portion committed to emergency services, including shelters;
- o the actual conditions in the shelters and emergency hotel rooms, and the minimum acceptable conditions;
- o the adequacy of planning for the homeless, and the proper role of community involvement in such planning.

Subgroups of the shelter population in New York City are often as large as the entire homeless population elsewhere. That fact often leads to extensive discussion of particular groups or kinds of accommodations. For example, four reports by advocacy groups have focused on homeless families. Last year, people in families accounted for the majority of those sheltered in New York City. In 1981, the Community Council of Greater New York questioned both the cost and the adequacy of shelter available to homeless families (Homeless Welfare Families: A Search for Solutions). In its report No One's In Charge (January, 1983) the Citizens' Committee for Children focused more recent attention on poor hotel conditions and a lack of coordination among relevant agencies. Later in 1983, the Community Service Society reported results of a "Hotel Watch" which employed monitors to report conditions at hotels used to house homeless families with children. The report was critical of the enforcement of minimal standards for such hotels. Earlier in that year, the Community Council of Greater New York had presented results from their study of families with multiple problems. The study emphasized the fact that homelessness is only one of the problems facing such families, and the need for additional services to help such families. A State investigation during the same year confirmed many of these findings and ordered corrective measures.

While the problem of children who live with their mothers in family shelters is an obvious concern within New York City, so too is the plight of young persons who are on their own and homeless. Four noteworthy papers on this issue are:

- o Homeless Youth in New York City: Nowhere to Turn, Citizen's Committee for Children of New York, Coalition for the Homeless, Runaway and Homeless Youth Advocacy Project, 1983
- o New York City Response to "Homeless Youth in New York City: Nowhere to Turn", Human Resources Administration, 1983
- o A Review of the Status of Post-Foster-Care Youth, Runaway and Homeless Youth Advocacy Project, 1982
- o Runaway and Homeless Youth in New York City, David Shaffer and Carol Caton, 1984

Among the largest shelters of homeless young people in the country is Covenant House which shelters an average of 190 youths nightly in Manhattan.

In response to the provider survey, this agency described its clients as follows:

- o only half were living with their families before becoming homeless; the rest were already living elsewhere;
- o about 70 percent are homeless because of family disruption;
- o about half are victims of domestic violence;
- o about 80 percent are from New York City.

Children and families are not the only subgroups of the homeless in New York City to raise special concerns. For example, in 1982, the Office of the Comptroller of the City of New York issued a report on homeless veterans in the City, estimating that perhaps one-third of all homeless single men in the City are veterans. The report concluded that these veterans were not receiving benefits due to them, because the Veterans Administration had failed to engage in effective outreach.

B. Counties Surrounding New York City

For the purposes of this analysis, the six counties surrounding New York City were grouped into a single region consisting of Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester counties. On an average night, 1,019 persons were sheltered in programs operated in this region: 739 persons in families and 280 single people.

Based on the provider survey, the principal differences between shelters operating in this region and those elsewhere are that in these counties:

- o providers rely less on police referrals and more on local government agencies;
- o their residents have the longest average length of stay for single persons among regions outside New York City (245 days); data are not available for single persons in public shelters in New York City;
- o they have the longest average length of stay for persons in families (89 days) outside of New York City;
- o residents include a higher percentage of mentally disabled persons than average, and the second-lowest percentage of employables of all eight regions.

As is true elsewhere, there are differences between public and private estimates of the extent of the problem with homelessness in the region. For example, a study conducted for the Nassau Action Coalition, based on a survey of some 60 local agencies, hospitals, and churches, stated that "between 4,900 and 6,000 individuals have been reported as homeless" during 1982 and 1983. The study, however, included families who are "doubled up" as part of the homeless population, and the likelihood of double-counting among the various respondents cannot be ignored. In testimony before the governor's Task Force on the Homeless, the Nassau County Department of Social Services disputed such estimates.

Within the region, and especially on Long Island, there is a severe shortage of low-income housing and in two of the counties the overall 1980 vacancy rate was comparable to New York City's. One positive response has been that of Westchester County, which has a building-condition monitoring program and an emergency housing apartment program for sheltering homeless families. Westchester has also seen the rehabilitation of an SRO into an emergency shelter, the provision of on-site supportive services for SRO and emergency housing, and a range of private efforts.

C. The Upstate Urban Regions

Four Upstate urban regions were developed for this study. They are roughly equivalent to the corresponding Standard Metropolitan Statistical Areas: the Albany Region (Albany, Montgomery, Rensselaer, Saratoga and Schenectady counties), the Syracuse Region (Madison, Onondaga and Oswego counties), the Rochester Region (Livingston, Monroe, Ontario, Orleans and Wayne counties) and the Buffalo Region (Erie and Niagara counties).

On an average night, the following numbers of persons are sheltered in each of these regions.

	<u>Persons in Families</u>	<u>Single Persons</u>	<u>Total</u>
Albany Region	93	217	310
Syracuse Region	54	387	441
Rochester Region	208	327	535
Buffalo Region	160	232	392
TOTAL, Four Regions	515	1163	1678

The programs operated in the Upstate urban regions are distinguished from those in other areas of the State in the following respects:

- o They are the most likely to serve only single men; about one-fourth of all shelter beds are so limited.

- o With the exception of the Rochester Region, they are the most likely to rely on client fees as a source of funding.
- o Two of these regions are the most likely to limit the client's length of stay: 85 percent of the programs in the Albany region and 90 percent of those in Buffalo do so.
- o Rochester and Buffalo Regions have the highest proportion of clients who are employable (about two-fifths), while clients in the Albany and Syracuse regions are among the least likely to be employable.
- o Clients in the Syracuse region are most likely to need institutional support.
- o Clients in the Buffalo area are most likely to be victims of domestic violence (more than half of all families sheltered and nearly one-fourth of all single persons sheltered in that region).

The homeless situation in the western part of the State was characterized by the Governor's Task Force on the Homeless as "a ticking time bomb." The Task Force noted that voluntary agencies are already operating at capacity and the consequences of prolonged double-digit unemployment in that region have not yet been fully realized. The consensus of testimony given to the Task Force was that only significant economic improvement in western New York, which is unlikely in the near term, will prevent a large number of house foreclosures and an associated increase in homelessness.

D. The Non-Urban Regions

Three Upstate non-urban regions were formed for the study: the Catskills (Columbia, Delaware, Dutchess, Greene, Otsego, Schoharie, Sullivan and Ulster counties), the Southern Tier (Allegany, Broome, Cattaraugus, Cayuga, Cautauqua, Chemung, Chenango, Cortland, Genesee, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wyoming and Yates counties) and the Adirondacks (Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Oneida, St. Lawrence, Warren and Washington counties). Generally, these regions have reported little contact with homeless persons. Following is the average nightly number of persons sheltered within these regions in 1983.

	<u>Persons in Families</u>	<u>Single Persons</u>	<u>Total</u>
Adirondacks	102	105	207
Catskills	195	85	280
Southern Tier	166	160	326
TOTAL, Three Regions	463	350	813

The programs serving these three non-urban regions are distinguished from those found in other areas of the State in the following ways:

- o Programs in these regions (and in the New York City suburbs) are the least likely to specialize; that is, they are the most likely to take anyone.
- o They are the most likely to provide for the homeless through purchase or arrangement, and least likely to provide shelter directly.
- o In the Catskills and the Adirondacks, a higher percentage of clients lived in their own housing prior to homelessness than was typical for the State, and a higher percentage of clients are victims of domestic violence.
- o Consistent with the above, programs in the Catskill and Adirondack regions are less likely to exclude families with three or more children.
- o Clients in these regions are less likely to require institutional support and more likely to need cash assistance or limited support, than clients in most other parts of the State.
- o Consistent with their geographic location, programs in the Southern Tier and the Adirondacks are the most likely to include persons coming from out-of-State.

The testimony of Commissioner Kramer (Ulster County Department of Social Services) to the Governor's Task Force on the Homeless typifies the form of this problem in these non-urban areas. He noted that his entire county has only one shelter, for domestic violence victims, which is filled most of the time. The homeless are local residents, not transients, and are often encountered by the police. Those referred to the local Department of Social Services are sheltered primarily in motels. The attempt of a local voluntary group, the Kingston Area Council of Churches, to establish a shelter was impeded by funding problems and an unfavorable zoning ruling, which was later overturned in court. He also noted an additional subgroup of the homeless encountered in these non-urban regions: migrant farm workers.

PART II

"At about 9 p.m., I went back to [spend the night on] the heated grate on 47th Street. The man who had been there last night was already in place. He made it clear that there was again room for me.

"I asked him how long he had been on the streets.

"'Eleven years, going on twelve,' he said.

"'This is only my second night.'

"'You may not stick it out. This isn't for every man.'

"'Do you ever go into the shelters?'

"'I couldn't take that. I prefer this anytime.'"

from John R. Coleman, "Diary of a Homeless Man," in New York Magazine, February 21, 1983, pp. 26-35.

PART II: THOSE WHO DO NOT SLEEP IN SHELTERS

A Reasonable Guess Concerning Their Number

In the last stages of the 1980 Census, the U.S. Census Bureau conducted what it called a "casual count" of people apparently living in public places who had not yet been counted in the Census. The casual count included people in bus and train stations and on street corners, but did not cover all of the secluded places where homeless people would be likely to sleep. Its purpose was not, in fact, to estimate homelessness, but rather to adjust the population figures for certain large cities that were likely to suffer from disproportionate undercounts.

Nevertheless, in 1980 the Census Bureau included a casual count of 9,233 people in its estimate of the population in New York City. The method for deriving this number, the date on which it was taken, and the Census Bureau's own reservations about its accuracy do not make it a useful basis for estimating New York's current homeless population. We refer to it here primarily because it is a number that is often wrongly cited as a census of the homeless, and because it led to an interesting revelation.

In discussing the casual count with the Census Bureau staff, we asked how the responses to this count were compiled and coded, since the Census is organized on the basis of "residence," and the respondents in the casual count would presumably have no residence.

The Census official answered that "for the purposes of the U.S. Census, Pennsylvania Station is considered Group Quarters."

This study made no attempt to create its own "casual count" of homeless people in New York State -- in part because no known attempt to do so has ever produced an estimate that was satisfactory or complete in the opinion of those who made the estimate. Some examples given below are for illustration. Even at that they are incomplete: the homeless, like everyone else, generally seek privacy by whatever means are available. Those sleeping in full view tend, in the opinion of many researchers, not to be typical.

But privacy is not the only issue. Sleeping in most public places after dark is unsafe (police report that crime against homeless people is extremely common, though for the most part unreported). In most indoor places, police or security officers will eventually find and remove someone attempting to sleep on the premises. A hidden spot that is safe from the elements, from predators and from police is a prime location for someone without shelter. None of the places listed below meets that description:

- o In 1982, Amtrak police made 140,000 evictions from Pennsylvania Station. They estimate that in 1983 some 150 people consider the station home.
- o On a single night in January, 1984, the Manhattan Bowery Corporation assisted 41 people sleeping on the shopping arcade level of the World Trade Center.
- o In the Port Authority Bus Terminal during the past winter, the same organization assisted more than 2,400 people sleeping in the terminal during the course of one month.
- o On a single summer night in 1982, between 60 and 70 people were sleeping on the southern perimeter of Central Park.
- o On similar nights, 24 people slept in Madison Park; six in Horace Greeley Park; 12 in the vicinity of Grand Central Station; some 25 in the vicinity of Grand Army Plaza in Brooklyn.

In 1983, researchers in Pittsburgh and Boston attempted to count the people sleeping on the streets in some of their neighborhoods. Although neither count was a complete investigation of the whole city, both showed a substantially greater number of people sleeping on the street and in other public places than sleeping in shelters. In its national study, HUD cited these two efforts, along with an earlier one in Phoenix, Arizona, and derived a ratio of those sleeping outside of shelters to those in them.⁵ In Boston and Pittsburgh, HUD pointed out that those sleeping outside of shelters were 1.3 times as many as those sleeping in them.⁶ HUD then applied this ratio to the national shelter population to derive an estimate of the total number of homeless nationwide, both in and out of shelters. In Phoenix, which has a more temperate climate, the ratio was much greater. HUD also applied the Phoenix estimates, 2.7-to-one, to define the upper limit of a range.

Since these studies were conducted in urban areas only, it is probably not reasonable to apply this ratio to anything other than the State's large urban areas

⁵ U.S. Department of Housing and Urban Development "A Report to the Secretary on the Homeless and Emergency Shelters", Washington, D.C. 1984.

⁶ This ratio, however, does not account for homeless persons temporarily placed in detoxification or mental health programs.

to derive a similar estimate for New York State. Nor does it seem appropriate to apply the number from Phoenix, given the substantial demographic and economic differences between New York and Arizona. The number that HUD cites for Boston and Pittsburgh, however, may be applicable to New York urban regions.

The simplest method is simply to multiply the number of persons in shelters and emergency hotel rooms in the five urban counties and New York City by 1.3. Using Erie, Westchester, Monroe, Onondaga and Albany counties (each of which has a city of at least 100,000 population) and New York City, that multiplication yields an estimate of 23,856 homeless people not sleeping in shelters. Combined with the Statewide shelter population of 20,210, this leads to an estimate of the State's total homeless population of 44,066.

We may assume this to be a reasonably low estimate (it assumes, for example, that all homeless people in all other counties are in shelters or hotels; it is also based on a ratio that both Boston and Pittsburgh researchers say was never more than partial). To derive an upper estimate, it is possible to adjust the HUD ratio for areas outside urban counties. The total number of homeless people estimated by the above procedure can be expressed as a per-capita figure for the five counties; this per-capita estimate can then be applied to the remaining counties to estimate the total number of homeless people in the balance of the State. This would eliminate the assumption that non-urban counties have no unsheltered homeless, but it may overestimate the number they do have. The number so derived can be added to the New York City estimate derived above. This less conservative procedure results in an estimated Statewide total of 50,362 homeless people.

These procedures are set forth more fully in a technical appendix (Appendix D). The methods themselves, however, do not support detailed scrutiny and probably give the impression of more precision than is possible in this area. The most that can be said of these estimates is that they are based on some (albeit casual) empiricism, that they yield numbers similar to those estimated by others familiar with the problem, and that there does not appear to be any better way to estimate a mostly unseen population.

The size of this population, particularly in areas of high concentration in New York City, is becoming a problem for police and maintenance officials who have not until recently been trained to deal with it. The three large transit facilities in New York City offer an example. In all three places, the three different police forces have in the last two years been trained in assisting the homeless. The City's Human Resources Administration now makes regular bus pick-ups at these stations (and many other public places around the City) and some non-profit organizations like the Manhattan Bowery Corporation and Project H.E.L.P. take regular referrals from police through the night.

In the Port Authority Bus Terminal, police escort between 40 and 90 people a night out of the terminal, either to the streets, to an HRA bus or to the Manhattan Bowery office across the street -- depending on the choice of the person being escorted. Pennsylvania Station has no official policy forbidding homeless people to spend the night on its premises (though there are restricted areas, rest rooms are closed during night hours, and people sleeping are frequently awakened and moved). Amtrak police patrolling the station are now equipped to refer people in the station to City or private shelter programs. Metro-north police in Grand Central Station know the names of many of the people who regularly stay in the station until it closes at 1:30 a.m. On the most bitterly cold nights, police allow the station's regular "residents" to remain inside after closing.

Only the Port Authority police keep detailed records of the number of people they encounter, and none of the authorities keep records on characteristics. Nevertheless, police and transit officials speculated that the population that remains in the stations consists primarily of mentally disabled people or substance abusers, along with a small number of others who are simply afraid to go to a group shelter. Some officers suggested that the number of mentally sound people who preferred transit stations to shelters because of safety is increasing visibly.

PART III

"Im living in a vacant building with both of my dogs.

"The reasons Im in the position because people dont want to hire me because I dont have much experience. How is any on gonna get exeprients when no one want to hire me.

"Im 19 year of age struggling a long with life. I have jobs that pay \$26.00 a wk where can I get an apartment \$26.00 wk. What do I get for my sole."

Unsigned written testimony to the House Committee on Banking and Urban Affairs, Subcommittee on Housing and Community Development, January 25, 1984.

PART III: ON THE CAUSES AND EFFECTS OF HOMELESSNESS

Considerations in Estimating Need

It is no longer possible, if it ever was, to look for the causes of homelessness solely within the homeless themselves. Certainly alcoholism, drug addiction, or physical and mental disabilities have caused many to lose housing or fail to obtain it, or have prevented them from finding the services they need to maintain decent shelter. These conditions will be discussed in this section.

But the sudden and dramatic increase in this State in the numbers of homeless people whose only handicap is poverty cannot simply be explained with reference to social pathology or personal mismanagement. Last year, by the estimate of those who provide shelter, more than 85 percent of those in emergency shelter had no known mental health problems, 63 percent required no supported or enriched living arrangements, 80 percent suffered from no chemical dependency and at least as many had never been institutionalized. Most had lived on their own before becoming homeless.

Three economic conditions offer at least a partial explanation of these large numbers: (1) a large and steady decrease in the State's low-income housing supply over the last decade, particularly in New York City; (2) a sharp and persistent rise in poverty during the same period, fueled in recent years by an unusually deep recession and corresponding unemployment; and (3) the high cost of housing combined with the failure of the State's public-assistance shelter allowance (before its increase this year) to pay for even minimally decent housing.

I. The Housing Market

The most serious of these three conditions, and the most difficult to reverse, is undoubtedly the first. Between 1970 and 1980, the State's large Upstate cities lost some two percent of their housing stock, even after accounting for replacement. New York City experienced a gross housing loss during that period of nearly eight percent of its stock, with new construction just making up the loss, and at much higher rental rates. Statewide, over the decade, rents increased by an average 162 percent, compared to increases in household income of only 100 percent.⁷ Meanwhile, the number of households increased

⁷ New York State Division of Housing and Community Renewal, "An Analysis of the Housing Needs of New York State," New York, N.Y., April, 1984.

Statewide despite a decrease in the total population. Households, by 1980, were smaller, more numerous, and poorer than they had been in 1970; the number of poor families in the State at the end of the decade was 24 percent higher than it was at the beginning.

The result has been a growing competition for the remaining affordable housing units. Although vacancy rates are not maintained between Census years for the State as a whole, the last triennial Housing and Vacancy Survey in New York City reported a vacancy rate in low-rent apartments near two percent in 1981. The 1980 Census showed comparably low rates for Westchester and Nassau counties as well. The next survey, which is expected soon, will very likely show a lower number in New York City; the reductions Upstate cannot be known with any precision. A normal, efficient housing market would be expected to function on a vacancy rate nearer to five percent.

Nationally, the number of new housing starts in 1982 was the lowest since the Bureau of the Census began reporting such data in 1959. A comparison to similar annual data produced by the Bureau of Labor Statistics prior to 1959 records the 1982 figure to be the lowest since 1946.⁸ The period 1981 to 1983 was lower than the average for the preceding twenty years. In the Northeast, the situation was much worse: the figure for that period was 40 percent below the average for the preceding two decades. To recover the loss experienced in those years will require several years of building. Also, more and more of the units built in recent years have been one- and two-family homes rather than the multiple-unit buildings in which the poor more commonly live.

Between the periods 1969 to 1975 and 1976 to 1982, housing starts in New York State dropped 55 percent. Again, New York City was particularly hard hit, with a 62 percent drop, although the other large metropolitan areas of the State experienced declines that were little better or even slightly worse: 60 percent in Albany County, 62 percent in Erie, 45 percent in Onondaga and 65 percent in Monroe. Only in the far northeastern corner of the State, between Jefferson and Clinton counties, were housing starts up, and then only marginally.

Of greater concern is the loss of single-room-occupancy units. It is worth restating that, while the number of single-person households in New York City increased (and therefore the competition for small, inexpensive apartments), the number of lower-priced SRO units declined more than 60 percent between 1975 and 1981.⁹ But the problem is not peculiar to New York City. A report by the

⁸ U.S. Department of Commerce, Bureau of the Census Construction Reports, Series C-20, Housing Starts. Comparison to earlier BLS series provided by Census Bureau staff.

⁹ The Diminishing Resource: Lower-Priced Hotels in New York City, 1979, with 1981 Supplement, Human Resources Administration; and "Homeless Housing and Assistance Program: A Report to the Governor and Legislature", New York State Department of Social Services, 1984.

Housing Council in Monroe County, "Single Room Occupancy Housing Research Report," (1983) also finds a dramatic reduction in SRO units during a period of greatly increased demand. During the 1970's Albany reported a 66 percent drop in available SRO units, and Buffalo a 52 percent loss compared to the national average of 47 percent.

In the meantime, the available housing that remains has become more expensive. In New York City between 1978 and 1981 rents increased 26 percent.¹⁰ Similar estimates have been offered for the rest of the State, though data on rents Statewide is available only in the decennial Census.

In the years between 1970 and 1980, the number of households paying more than 35 percent of their incomes for housing increased Statewide from 25 to 33 percent, amounting to approximately one million households. Of those, more than ten percent were renters living below the poverty line in 1980. The incidence of poor people paying a high percentage of their incomes for rent is highest in New York City, where the incidence of poverty is also comparatively higher than in the rest of the State. But even Upstate, the number of households facing both poverty and high rents is more than 24,000.

In an "Analysis of the Housing Needs of New York State" prepared for the State Division of Housing and Community Renewal (DHCR), an estimate was made of the State's "housing gap," that is, the number of units needed but not available or adequate to house the existing population of the State in decent, uncrowded units. The gap does not measure the affordability of such units, but only the quantity.

Statewide, DHCR found a housing gap of 1,016,810 units, some 62 percent of which were needed in New York City. Another 10 percent were needed in the City's suburbs. In the State as a whole, the housing gap amounts to 15 percent of the total existing stock. The magnitude of the gap is substantially greater in the cities and smaller in the nonmetropolitan areas. The number of new or substantially rehabilitated units required to meet the total need Statewide is 444,000, or seven percent of the current housing stock.¹¹

¹⁰ Michael A. Stegman, "The Dynamics of Rental Housing in New York City," New York City Department of Housing Preservation and Development, February 1982.

¹¹ New York State Division of Housing and Community renewal, op. cit.

Nor do public housing or other public subsidy programs offer a ready solution. In a recent analysis of housing needs in the State, DHCR reported the following numbers of eligible households on the waiting lists for various forms of assisted housing in New York State:

	<u>Households Waiting</u>	<u>Ratio of Those Waiting to Number of Units</u>
Section 8 Existing Housing Certificates	117,938	1.3
Section 8 Moderate Rehab, Substantial Rehab, New Construction	137,570	2.1
Federal Public Housing Projects	116,655	0.7
State/New York City Public Housing Projects	16,947	0.5
<u>All Programs/Projects</u>	<u>389,110</u>	<u>1.0</u>

This apparent disparity between supply and demand has undoubtedly contributed to the overcrowding in public housing. The Director of the New York City Housing Authority, John Simon, reported to the Governor's Task Force on the Homeless that the number of doubled-up families in his Authority's units alone numbered to 20,000.¹²

The hope for production of significantly more low-income units is slim, given the virtual elimination of Federal programs to subsidize such production. What remains of the Federal low-income rental housing program (Section 8 of the U.S. Housing Act of 1937) is now merely a voucher program for a privileged few who are still able to qualify. The program's previous provisions for housing rehabilitation and various incentives to private and public developers have effectively disappeared during the current Federal Administration.

II. Poverty, Unemployment and their Consequences

Between 1980 and 1982, according to the Current Population Survey on which the annual Federal poverty estimates are based, poverty in New York State increased from 13.8 to 14.8 percent. In New York City, nearly a quarter of

¹² Reported in Kim Hopper, "Institutions and the Homeless Poor," (mimeographed) p. 24.

the population, 24.2 percent, was poor in 1982. In the wake of the recently-announced national increase in poverty during 1983, poverty in New York State, particularly New York City, has almost certainly increased in proportion. In New York City alone, some 20,000 more people were added to the poor population in 1983.

At the beginning of the most recent recession, unemployment Statewide was already higher than the national average. It rose above 10 percent sooner than the rest of the country and sustained high rates for a longer period of time. In 1983, 30 counties (including Kings and New York) still suffered unemployment rates above 10 percent. The early months of 1984 saw a reduction in these high levels (the average rate for the first two quarters of 1984 was 7.4 percent Statewide), but a corresponding reduction in the amount of homelessness has not occurred. Since then, the rate has once again increased.

One measure of the depth of the most recent recession is the low percentage of the unemployed who are receiving any kind of unemployment benefits. According to the State Department of Labor, in the worst month of the last recession, in 1975, 78 percent of the unemployed nationally were receiving such benefits; currently in New York State, the number is closer to 38 percent. In each of the three previous recessions, according to the Center on Budget and Policy Priorities in Washington, D.C., unemployed people who were permanently separated from their last job were only 36 to 37 percent of those who lost work in the period. In this recession they numbered more than half.

Repeated investigations have not found more than a slim and lagged relationship between changes in the labor market and changes in poverty and the need for public assistance. The beginning of economic recovery in the State has not been accompanied until very recently by even a slowing of the growth in welfare caseloads. While economic indicators rose, so did poverty. The reasons appear to be related to a broad shift in the nature of the State's labor market (from lower-skilled to higher-skilled jobs that more often exclude the poor), and to the depth of the recession, which left many people in an extreme state of hardship and dependence that required a long time to reverse.

Perhaps because of limitations on data, this lagged effect of economic conditions on welfare rolls has proven nearly impossible to measure precisely. Nevertheless, such a lag, whatever its exact dimensions, is even more likely to apply to homelessness -- regardless of housing market conditions -- than it is to welfare dependence. The loss of a home, as we have said, frequently does not result in immediate appearance at a shelter. Instead, a succession of other accommodations, generally with family or friends, tends to come first, followed by the need for emergency help only when the alternatives are exhausted. Put differently, unemployment on day one is not likely to result in a need for shelter until many days or weeks later.

Then, the search for a new apartment begins. Even in the best housing market, rehousing can be expensive. In the case of public-assistance recipients,

provision can sometimes be made to pay brokers' fees or moving costs, though typically not security deposits. If such assistance is not available, the initial costs of finding a place to live may be unaffordable. More often, however, the greater problem is finding an available apartment at a manageable rent. In many cases, not even ready money can accelerate the process of rehousing.

Providers were typically reluctant to answer survey questions that asked where their clients went upon leaving a shelter or hotel. Most had no way of knowing, evidently, although several suggested that many people eventually moved in with someone else. This presumably leaves them where they started: doubled-up in other people's homes. The Human Resources Administration in New York City responded that only 12 percent of the singles in their shelters leave the shelter for permanent housing.

Meanwhile, according to HRA, "each winter since 1979 shows an increase over the winter before, and each summer's low is also higher than the prior summer's."

III. The Public-Assistance Shelter Allowance and the Cost of Housing

By now, the condition of welfare grants for shelter in the winter of 1983 is well known: at that time, well over 60 percent of all public-assistance families were paying their rent with money budgeted for food and other necessities. Frequently, they were not paying their rent on time or at all. At the same time, vacancy rates at the old rent maximums were much lower than overall vacancy rates, and a steady increase in rent arrearages, notices of eviction, and homelessness ensued.

The shelter allowance maximums were raised an average of 25 percent Statewide in January of 1984, bringing them to the level of the median rent paid by poor households for minimally decent apartments, as reported in the last Census. In the last months of the old shelter allowance, which reflected rent levels from 1975 or before, the number of families being sheltered by New York City increased more than 122 percent from the previous winter. The number of singles increased nearly 38 percent from the number a year before.¹³

Like the effects of economic recovery, the effects of the new shelter allowance are likely to be slow in appearing. Even at higher rent levels, available apartments are few, difficult to find and very often unavailable to welfare recipients. In all probability, the new allowances will help to slow the growth of the homeless population, but will not by themselves reverse it.

¹³ New York City Human Resources Administration, "Social Report: Fourth Quarter, 1983," April 1984, and Office of Intervention Services (HRA) unpublished data.

The new shelter allowances have the effect of bringing the grant more nearly to the level needed to keep an apartment. But that level will certainly rise with time and inflation, and, therefore, it may prove necessary to increase these allowances further within the next several years.

In New York City, based on an analysis of the Housing and Vacancy Survey for 1981, the City's Housing Preservation and Development Department estimated that the monthly rent needed by an average landlord to maintain an average four-room apartment was \$305, some 25 percent more than the median rent that poor occupants of such apartments were actually paying.¹⁴ That estimate is by now probably too low. For example, the State Banking Department pointed out in late 1982 that some \$1.6 billion in balloon mortgages on multifamily dwellings were to mature by the end of 1984. Those mortgages carried an average interest rate of only ten percent.¹⁵ They will be refinanced in most cases at rates nearer to 15½ percent, which could add between 10 and 20 dollars a month to the cost of maintaining an average apartment.

HPD also analyzed the projected availability of apartments at the new shelter maximums to determine the expected number of apartments that would rent for these amounts in the years between 1983 and 1986. That analysis found that, assuming a mobility rate of 20 percent per year and an annual rent inflation rate of six percent, the City would require 17,600 available four-room units annually for public-assistance recipients looking for housing. By 1986 the number of such units renting at the new shelter allowances for three- and four-person families would be only 80 percent of the number needed. The number of four-room apartments available at the new shelter maximums for three- and four-person families is expected to decrease by nearly 60 percent from 1983 to 1986.¹⁶

IV. Mental Illness and Deinstitutionalization

Beyond the three issues just examined, there is a set of conditions associated with homelessness that apply to the homeless themselves. These may be causes or effects of homelessness -- or maybe neither -- but in any case they

14 New York City Department of Housing Preservation and Development, "An Examination of the Adequacy of Current Public Assistance Maximum Rent Levels in New York City," July 1981.

15 New York State Banking Department "Survey of Multi-family Dwelling Mortgage Loans Made by New York State Chartered Thrift Institutions," mimeographed 1982.

16 New York City Department of Housing Preservation and Development, "Estimates of Housing Availability Given Various State Shelter Allowances," mimeographed 1983.

may have consequences for any public policy that tries to address housing and the homeless. These include alcohol and drug abuse and physical illness and disability; but certainly the most apparent is mental illness and the care of the mentally ill.

In its "Plan for Homeless Adults" HRA estimated that a third of the single people in its shelters had previously been hospitalized for psychiatric treatment. A study by the State Office of Mental Health in 1982 found that less than a quarter of the single adult males in New York City shelters needed some level of continuing mental health care. The study found that most could be served as outpatients or otherwise outside of institutions, but that some three percent required hospitalization. Another OMH study the same year reported an estimate by a Manhattan outreach organization that less than half of the people living on the street needed some level of mental health care.¹⁷

Between 1955 and 1984, the census of inpatients in mental health institutions dropped from 93,000 to 23,000 people Statewide, in a broad (in part court-ordered) policy that came to be known as deinstitutionalization. Some of that drop is simply explainable by the separation of alcoholism from mental health services between those years; alcoholic patients are not counted in the 1984 figure. Some of the drop is also explainable by the deaths of elderly patients (for example, between 8,000 and 9,000 per year from 1955 to 1969). Nevertheless, a large and sudden change occurred in those years in the way the mentally ill were housed and treated, and in the visibility of the mentally ill in the community. Most of the decline occurred before 1978; the rate has slowed substantially since, although the decline is still continuing.

On one hand, OMH points out that the large numbers of homeless mentally ill people, particularly in recent years, cannot be solely or primarily linked to the discharge policies of State psychiatric centers. The recent upsurge in the numbers of homeless people who are mentally ill has come several years after the State hospital census began to stabilize at its present level in the late 1970's.

On the other hand, the years since the 1970's have added substantially to the number of economic and social difficulties with which a mentally troubled person living independently would have to cope. Between July and September, 1981, researchers for OMH conducted interviews with a randomly-selected group of 107 men at New York City's Third Street Shelter and Keener Building, on Manhattan's Lower East Side. Roughly a quarter of the men they interviewed had been hospitalized for psychiatric treatment in the past. Of those, nearly half had been discharged five years previously or more.

17 "Who Are The Homeless?" New York State Office of Mental Health, New York City Regional Office, May, 1982, and "Community Support System Monitoring and Evaluation Program: Evaluation of Goddard-Riverside Project Reach-Unit," New York Psychiatric Institute, 1982.

Most visibly, the disappearance of SRO hotels has made it far more difficult for single people to find housing, and has set poor and troubled individuals in competition with other singles for small, inexpensive units. When the greatest wave of deinstitutionalization had passed, in 1978, New York City still had 50,000 SRO units, possibly ten percent of which housed mentally disabled people. Four years later, the total availability of such units had fallen to 18,000. Amid the reduction of institutional placements and an extreme shortage of available, affordable, independent housing, it is perhaps beside the point whether deinstitutionalization was or was not a major cause of homelessness. Supportive housing of all kinds, institutional and otherwise, is unavailable to a core population of mentally disabled people who now sleep in shelters and welfare hotels, to say nothing of many more who do not.

In the programs it now operates for mentally disabled people living in the community -- particularly the Family Care Program, which houses and cares for 2,500 people; the Community Residence Program, which now can provide shelter and services for 3,000 people and will soon add 1,600 more beds; and the Crisis Residence program, which provides emergency shelter and rehousing assistance to 161 people on the grounds of psychiatric centers -- OMH now has the capacity to provide residential care and services to more than 5,600 people. These people were not counted among the homeless in this report. This year, OMH has proposed a new Residential Care Center Program that will expand the continuum of community-based care to the mentally disabled, beginning with 196 beds specifically for the homeless mentally disabled.

The current capacity of OMH's various community residence programs is set forth in Appendix E, county by county, by type of program. Together, these residential programs account for 2,800 beds Statewide. These beds, along with the proposed residential care centers, represent only one kind of response to the needs of mentally impaired homeless people. The majority of the homeless mentally ill appear mainly to require a decent permanent residence and some mental health services on site or easily accessible nearby, rather than a structured residential setting. But some combination of shelter and treatment is still needed by perhaps 7,300 people¹⁸ Statewide who are currently homeless and

¹⁸ This is a conservative estimate. It is based on three considerations: (1) OMH estimated that 22 percent of those in shelters require current care at some level and approximately 46 percent of those not in shelters required such care. Providers have estimated a higher percentage. (2) In applying the 22 percent estimate, only singles were counted, since families appear to require mental-health care much more rarely than singles. (3) The number of homeless singles was estimated according to the most conservative method described in Part II: the number of singles in shelters was multiplied by 2.3.

who receive insufficient mental health service, if any. The current supply of housing and services, whether OMH-licensed or not, cannot meet this need.

Some of the homeless are currently reached through the Community Support Services Program in shelters or on the streets, and some through State, City and voluntary psychiatric hospital systems. Served or not, however, they are in any case unhoused and will find it increasingly difficult to find housing on their own.

V. Alcoholism and Alcohol Abuse

In 1983, programs of the State Division of Alcoholism and Alcohol Abuse (DAAA) treated over 5,000 persons who were classified as homeless at the time of their admission to treatment. This estimate is derived from an annual survey of all patients in treatment, conducted by DAAA in the second week of December. Based upon comparable data from 1982, this classification appears to be increasing.

The increase observed in this one-year period appears to be consistent with increases reported for all homeless clients by shelter providers. A subgroup of programs, the Alcohol Crisis Centers, provides short-term shelter to persons experiencing a social emergency attributed to alcohol intoxication. These programs, whose goal is engaging clients in continuing alcoholism treatment, reported that an estimated 34 percent of their clients are homeless.

The estimates made by DAAA are based on slightly different time periods and methods of counting from those used elsewhere in this report. Nonetheless, some comparisons are helpful. The DAAA survey indicates that it treats about 800 homeless persons per week. Including an estimate of the unsheltered homeless (among whom the rate of alcoholism is likely to be much greater than among those in shelters), there appear to be between 20,000 and 40,000 single adults homeless in the State at any given time. Assume that only 15 percent of these are alcoholic (one-half the providers' estimate of the percentage who abuse drugs or alcohol). That would give a minimum population of those homeless in need of alcoholism treatment on an average night of some 3,000 to 6,000 people -- leaving an unserved population of possibly 2,200 to 5,200 Statewide.

Given present constraints on the development of additional treatment beds, DAAA is exploring ways to increase Alcohol Crisis Center beds, its inpatient rehabilitation beds and community residence transitional living beds over the next five years. It is assumed that a portion of these additional beds could accommodate homeless persons.

VI. Drug Abuse

Of the 28,000 people served in its residential and methadone maintenance centers, the Division of Substance Abuse Services (DSAS) estimates that a little more than 500, or some two percent, were homeless at the time of admission. Given that roughly 9,000 single individuals were reported to be sheltered on an average night, that between 10,000 and 30,000 additional singles were unsheltered, and that some 33 percent were estimated by providers to be drug or alcohol abusers, it is probably reasonable to estimate the number of homeless people needing drug treatment at around 3,000, besides those now being treated in residential centers. Nevertheless, the same caution is appropriate for this population as for alcohol abusers: not all those in need of treatment would accept it. The number seeking such services, or the number that would accept them, is likely to be much smaller than any estimate of need.

Additionally, DSAS estimates that another 2,500 people among those it serves are marginally housed or at high risk of becoming homeless. DSAS does not anticipate any substantial change in its 3,000-bed community residence capacity Statewide.

VII. Physical Illness, Disability and Aging

By the time a person becomes homeless, the effects of poverty, undernourishment, lack of access to proper health care and prolonged residence in crowded or unhealthy conditions have probably already begun to have an effect. Many of the diseases common among homeless people no doubt had their beginning before the first night in a shelter or on the street. According to the State Department of Health various studies have found a high incidence of hypertension and other cardiovascular disease, diabetes, respiratory infections, tuberculosis and various digestive diseases among homeless people, besides the illnesses more commonly associated with street life -- lice infestations, leg ulcers, hypothermia, trauma and alcohol or substance abuse.

Particularly vulnerable are families and their children, separated from their usual sources of health care, removed from familiar environments and exposed to large numbers of other people, sometimes in large dormitory rooms, whose health is equally in jeopardy. The State Department of Health (DOH) estimates that possibly 9,000 people in New York City's family shelter system last year did not have access to on-site health services. The Department estimates that at least 20,000 homeless people Statewide currently lack proper access to primary and preventive health care, while facing often critical health risks. A recent proposal by the New York City Coalition for Health Care for the Homeless would provide care to some 3,000 currently unserved persons, according to DOH.

A study of those who are now in hospitals but who would be more appropriately cared for somewhere else showed that as many as 4.5 percent of such patients have no home to which they could be discharged. Besides the limits that this situation places on the options for the patient -- and the picture it suggests of the patient's previous environment -- the housing of such homeless patients in hospitals is costly.

The health problems associated with homelessness are of course most severe for the elderly, particularly elderly singles living on the streets. But while the number of elderly people in shelters or emergency hotel rooms on a average night is probably well under 1,000 Statewide (and the additional number on the streets is probably not much greater than that), the consequences of inadequate housing still have serious effects on the health of many elderly people. The number of elderly people in dilapidated structures without adequate insulation, heat or utilities, or with other unsafe or unsanitary conditions that jeopardize health, is likely to be much greater than the number of technically homeless aged. The health risks of such marginal housing are difficult or impossible to measure.

VIII. Youth

In 1979, just after the enactment of New York State's Runaway and Homeless Youth Act, crisis shelter programs for youth served 7,000 young people. About 2,000 of these could not return home. Within four years, by 1983, the number served annually had risen over threefold, to 22,700; the number with no chance of returning home had quadrupled to 8,000. Homeless youth now make up the largest population served by youth crisis shelters.

According to the State Division for Youth (DFY), youth crisis shelters around the State currently discharge more than 4,000 young people a year with no adequate shelter (the length of stay in such shelters is limited by law). Another 1,350 young people were never served at all because of a lack of available beds in the centers.

By their own report, 55 percent of runaway and homeless youth are unable to return home or are unwanted there. In fact, a larger percentage than that actually do return home, generally because a lack of any alternative. But to do so merely postpones the problem in most cases; an unwanted youth is unlikely to remain home for long.

Homeless youth, both independent and in families, represent the fastest growing population of the homeless. Whether the pace of this growth will continue in the future is impossible to know; nor are the causes clear. Some of this development is clearly related to the increase in family breakup, in childbearing by young and inexperienced parents, and in poverty. Some is related to child abuse and other family violence, which may be increasing or may simply be better understood and documented in recent years.

Not only are young people often discharged to their own responsibility from youth shelters without a place to live, but many others are discharged from criminal justice institutions and foster care without sufficient preparation for independence. The State Social Services Department has recently begun to give special attention to this problem, recognizing that more than a quarter of all the young people who contacted runaway youth projects in 1982 were found to have had a history of foster care. Some 8,000 people currently in the foster care system will be discharged directly to their own responsibility. Many will be at risk of homelessness soon after.

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HOMELESSNESS IN NEW YORK STATE

A Report to the Governor and the Legislature

Volume II: OPPORTUNITIES FOR ACTION

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The characteristics and needs of homeless people that are set forth in volume I of this report do not lead to a single, easy conclusion about an appropriate State response. The majority of homeless people appear to need only a decent place to live and the income to afford it. Others require supportive or clinical services of various kinds, though the majority of those who need these services do not appear to require supervised care in traditional licensed facilities.

This volume consequently focuses on a wide range of ways by which the State and localities could respond to these diverse needs, and suggests opportunities by which the State could cooperate with the private sector in improving or expanding services and housing.

The recommendations are divided into five areas: opportunities for increasing the supply and affordability of low-income housing, for developing relatively independent but supported housing units, for developing capacity in licensed residential facilities, for providing special services for youth, families and victims of domestic violence, and a final section calling for specific improvements in Federal programs.

Each of these sections contains a discussion of particular areas of activity that should be considered in assembling a State response to homelessness. These areas have all received at least a preliminary analysis by the State agencies that would be responsible for them. Nevertheless, additional discussion within State government and among Federal, State, local and private agencies, will still be required.

PROLOGUE

"Planning is based on fundamental facts regarding resources, carefully assembled and thoroughly analyzed; upon a look around at the various factors which must be grouped together in order to avoid clashing of policies or lack of unity in general direction; upon a look forward as well as a look around, and backward."

Charles Merriam, "Planning in a Democracy," 1940.

PROLOGUE: THE LASTING EMERGENCY

Considerations That Underlie a State Plan for the Homeless

The first volume of this report described a problem; this second volume will attempt to offer solutions. Both volumes have been guided by a sobering observation on the nature of homelessness which we have stated once and which deserves to be reinforced here. The problem of homelessness is increasingly only one expression -- though perhaps the most extreme one -- of the nature of poverty in this decade.

In the past few years, homelessness has become less discriminating. It now includes growing numbers of people who once belonged to the "respectable poor," earning low wages or unemployed, poorly housed and clothed, but still essentially in control of their lives, reasonably confident of future earnings or support to sustain basic needs. The "old" homeless once seemed a distinct group: the long-term unemployed, the unskilled or undereducated worker, the mentally disabled, the alcoholic or drug-dependent resident of city street corners. The "new" homeless look disturbingly like the rest of the poor. Many people now in shelters and receiving emergency assistance have in a sense simply traded one form of public support for another, and moved from chronic poverty into chronic emergency.

Today's homeless are drawn, in other words, from a broad and diverse population; their needs are the needs of the poor and disabled, their distinguishing characteristics no longer distinguish them precisely enough to make public policies for them easy to target. We have come to refer to the entire class, old and new by one thing they all lack: a home. Yet that label of convenience should not fool us into believing that we have discovered some new and distinct social problem. The many problems associated with homelessness, though formidable, are familiar; they are already the subject of the State's current programs, the most extensive in the nation, to house and care for the poor and dependent.

In suggesting responses to the needs of the homeless, we recognize the limits of the State's fiscal resources in the face of so large a problem. Beyond the 21,000 people in emergency shelter, and beyond the 20,000 or 30,000 more who are not in shelters, tens of thousands of other poor families and single people live in substandard units that will not house them adequately or for long. Clearly, the cost of developing housing and supportive services programs for all such households is enormous by any measure. It is not practical, therefore, to hope that the State can solve the homeless problem by itself. Any achievable approach will depend on a cooperative effort that effectively links all three levels of government with the private sector. Nevertheless, opportunities are available by which the State can provide for currently unmet needs or offer

incentives for others to do so. Those opportunities are set forth in the following pages.

This volume is a first attempt to identify a full range of proposals that seem to be appropriate for meeting the needs identified in Volume I. Some of the proposals described here are not new; others require further refinement and testing. Many, though by no means all, would require State legislation to implement. While many of the proposals are framed from the perspective of State action, it must be understood that a more satisfying approach in virtually every area would involve expanded Federal involvement. The Federal government, for example, cannot continue to walk away from the crisis of housing in this State -- and in many other states -- without bearing a great part of the blame for homelessness and all the more responsibility for correcting it. So too will local governments have to assume their share of responsibility. Additionally, and perhaps most important, a healthy and involved private sector is crucial to the effort.

Clearly, a solution to this broad and complex problem could not be achieved in a year or two, even if all the needed resources were available. The problems that brought this crisis about grew over a period of many years and are by now deep-rooted. An integrated, multi-year approach incorporating both short-and long-term goals is therefore the only response that offers any promise of success. A great portion of any solution will be a capital program that by its nature takes time to implement. Given the urgency of the need and the fact of limited State resources, the State's response to such an examination must be focused on those areas where solutions will not be forthcoming from other sources -- in other words, on areas where State efforts are most needed. If State resources are unequal to the task of eliminating poverty, they can at least be put to use in eradicating some of its most disturbing forms.

Accordingly, we have tried to focus on areas that most require State action, and on areas that most specifically relate to the ability of poor people to find, afford and keep a place to live. This latter point is essential; difficult as it is to separate homelessness from other social hardships, it is at least clear that homelessness is by its nature a crisis of housing. Even where additional services and care are needed -- and they often are -- the most critical need of homeless people is for more housing: institutional housing for the severely impaired, supported housing for the less impaired, and simply affordable housing for the great majority of homeless people who are poor and have been squeezed out of an increasingly expensive, constricted and competitive housing market.

Housing Development and the Role of the State

Although it appears that the State will need to increase its role in providing affordable housing, we nevertheless recognize a tradition of local responsibility for the planning and implementation of housing programs -- a tradition rooted in part in Article XVIII of the State Constitution. However housing development is funded (for the most part, private and Federal dollars

have predominated in the past), the control of local housing codes, of public housing development projects, and of zoning and enforcement, has traditionally been left to the communities and municipalities in which the housing is built. In fact, most Federal programs, including programs of the Great Society period and more recent ones like Section 8 and Community Development Block Grants, have made a considerable direct link between Federal dollars and local implementation. Only open-housing legislation has sought to exercise control over local housing policy, and then only within carefully circumscribed bounds.

There is a substantial local role, then, in decisions about how and where housing is built. But the decision about whether housing is built, or rehabilitated or reused -- particularly low-income housing -- tends to reside wherever there are sufficient funds to stimulate or subsidize development. In the past, public funds for this purpose have come primarily from Federal programs, if for no other reason than the large amounts of money that a quality housing program requires. At its peak, the Federal Section 8 program alone supplied \$3.2 billion a year to the State's housing market -- a sum clearly impossible to make up with State funds alone. This program currently functions on one-third as much money as in earlier years; a program that once provided funds for 47,000 households annually, now reaches only 8,000.

All the same, the virtual disappearance of Federal support for low-income housing development (and the dim prospects for any return to the previous levels of Federal involvement) make an increased State role inevitable. While the costs of such a role appear high, they are in fact much lower than the cost of continuing to provide emergency assistance for a problem that has been steadily growing and gives no sign of abating. Hotel accommodations for a homeless family in New York City routinely cost almost four times as much as the public-assistance shelter allowance for a family in an apartment. And hotels are not uniquely expensive; congregate shelters for singles now cost between three and four times the shelter allowance for single adults on Home Relief. This takes no account of the additional social and human cost represented by a growing population of people with nowhere to live.

The State therefore has almost no choice except to consider, even if reluctantly, creative methods of meeting the need for low-income housing more directly than it has before. Like the Federal programs of the past, such a role must account for the supply, quality and affordability of housing, since no one of these can be addressed effectively without the other two. We recognize from the outset that this transfer of responsibility from Federal to State government is unfortunate: because low-income housing is essentially a redistributive program, it will always be most efficiently handled at the highest governmental level. Nevertheless, if faced with the choice between a State program and no program at all, some State action may become unavoidable.

Besides the expense of such an undertaking, the time involved does not lend itself to a quick or simple solution to the problem. The development of housing, particularly on a scale that is new to the State, would necessarily be a process requiring several years, some preparation, and probably some complications along the way. None of the approaches suggested in this volume should therefore

be taken as one-year goals. Experience in all the State's housing programs, including the Homeless Housing and Assistance Program, has demonstrated that the acquisition of property, project design, preparation of sites, awarding of contracts and subcontracts, negotiations with the multitude of local planning and building agencies, the vagaries of weather and labor conditions, and effective monitoring and inspection, together require many months or years of work under even the most efficient operational controls.

Care and Housing for Specially Dependent Populations

Housing for the mentally ill, for alcoholics and substance abusers, and for other disabled people may require more than just the funds and the time needed to build or adapt units. It also may require additional effort by Health, Social Services, and Mental Health programs to support and monitor the development of those units, as well as changes in the existing statutory and regulatory framework. It should be recognized that the development of new and expanded programs for this population can be extraordinarily difficult given historic community opposition.

The housing in question is not only -- or even primarily -- the supervised facilities that have commonly housed the dependent and disabled in the past. It could also take the form of independent, generally small apartments to which additional clinical and supportive services have been added. Ideally, mixed residences, where the disabled and non-disabled live together in unstigmatized surroundings, could be promoted. In any case, institutional or not, more units and more beds are required and will have to be developed.

In the years immediately after deinstitutionalization, when many of those discharged from mental institutions were independently housed and receiving outpatient services or other kinds of care, a primary source of housing for the single mentally ill was in single room occupancy (SRO) hotels, many of which were substandard. Since then the vast majority of those hotels have disappeared or been converted to higher-cost housing. The result is that people at high risk, recently discharged from care or forced out of existing SROs, are now forced to cope with the responsibilities of completely independent living in the midst of a housing market that can only be described as hostile.

Inexpensive housing that is supported with on-site services may be best suited to this population, who can and should live relatively independently in the community. Such housing can also be less expensive than traditional, supervised residential care. Like other kinds of housing, it can be developed by private companies, nonprofit organizations or municipalities, with supportive services financed by Federal, State and local shares, and with State financial support for construction or rehabilitation where needed.

Emergency Housing

Even if the pace of growth in homelessness begins to slow, the problem is not likely to disappear or reverse substantially in the next few years. And yet the State's capacity to shelter people -- whatever the number that can be crowded into temporary facilities -- is already too small for the current population. Nor are many existing facilities adequate for long-term use. They are often on loan or otherwise diverted from other important purposes. Armories, churches and athletic facilities represent extremely short-term capacity. The mounting numbers of those on the streets, in transportation depots, in shopping arcades and parks, bear rude witness to the need for additional space. While hoping that efforts to alleviate the problem eventually succeed, we recognize that more lasting emergency capacity probably needs to be developed in a way which takes into account the often fragile state of the individuals to be served.

Last year, New York City projected that its census of homeless families would level off in 1984 just above the 1983 average -- an expected total of some 2,500 families in HRA-operated shelters. As of September 1984, no such leveling off had yet occurred. The census at that point had risen to over 3,000 families. That was in a warm month. It is becoming more and more clear that, of the two principal economic factors -- the economy and the housing supply -- it may be the latter that is driving up the numbers of people who require emergency shelter. If that is true, the problem will not ebb quickly even if the current economic recovery lasts.

Even assuming that recovery reduces the recent rates of increase to less than half -- say, to only 10 percent a year compared to rates between 25 and 40 percent over the last three years -- the number of those requiring emergency shelter by 1986 will be more than 34,000 people on the worst nights, and over 26,000 people on average. On some nights, then, there will be perhaps 8,000 or 9,000 people for whom no current capacity exists. Meanwhile, the quality of the already inadequate space will certainly worsen. In the past year in New York City, HRA discontinued use of 17 hotels in which it had previously sheltered homeless families, because the conditions there were too far below even the minimal standards of other welfare hotels. For the most part, the families in those hotels were transferred to dormitory-style congregate shelters until other accommodations could be found. Even if the extensive low-income housing program recommended here is initiated, a substantial lag-time will ensue before such housing can be occupied.

The development of sound emergency housing therefore -- and improved methods for moving homeless people into permanent housing more quickly -- should logically stand alongside the creation of new permanent units for consideration as a priority in any State program.

Income Security and the Prevention of Homelessness

Beyond the recommendations that specifically relate to the need for housing and the State's ability to help satisfy it, a word is required about the relationship among employment, income supports and housing. The State's efforts to train and employ the very poor are naturally a long-term solution to homelessness as well as to poverty in general. It is important to note that, by the estimate of providers, an average 3,000 single persons a night last year slept in emergency housing for no other reason than unemployment. In some districts, providers have designed a response to this problem that may appear on the surface to be an employment program -- the assignment of routine maintenance and other work to those in the shelter -- but is in fact just an exchange of labor for services. Whether these programs are appropriate or not, they do very little to improve the chances that shelter residents will find permanent, unsubsidized work. The many employment programs of the State's Labor and Social Services Departments, along with local programs developed under the Job Training Partnership Act, should involve a special effort to include homeless people, both singles and family members, in real programs to train and place them in jobs.

At the same time, the State should periodically review the level of public-assistance grants. The level of shelter allowances is not the only issue in this regard; the basic (or "pre-added") allowance can also affect the ability to pay rent, as a later section of this report will explain in more detail.

The Need for Housing, Care and Services: Some Observations from Volume I

The first volume of this report sets forth in detail various levels and kinds of need that affect homelessness. Among them, several findings guide decisions about the numbers of beds and housing units that the State requires if it is to house the homeless in appropriate settings. For example:

- o Of the roughly 45,000 homeless people Statewide, the great majority -- including virtually all homeless families and nearly two-thirds of all homeless singles -- appear to require an affordable place to live, with only minimal or intermittent clinical or social supports. That would suggest an initial requirement of at least several thousand units for homeless families and in excess of 10,000 smaller units for homeless singles who do not need on-site special supports. This is part of a larger Statewide need for housing units documented in Volume I and elsewhere. Much of that need is among poor families at risk of homelessness, including many now doubled-up in other people's homes, a large number of whom are public-assistance recipients.
- o Using estimates offered by State agencies and providers of shelter, Volume I reported some 7,300 people in need of some form of continuing mental health care. It is reasonable to assume that no more than half of these require institutional settings,

amounting to perhaps 4,000 beds. In this plan, we have projected that at least 2,000 of these beds could be developed by the Office of Mental Health and another 1,000 licensed as Residences for Adults by the Department of Social Services. An additional 1,000 beds could be developed as temporary or transitional housing for alcoholics or drug abusers, in facilities developed by the Divisions of Alcoholism and Alcohol Abuse and of Substance Abuse Services. It is important to point out that the actual number of alcoholics and substance abusers reported in Volume I is larger than this projected number of beds, but it is also likely that a substantial overlap exists between the population of the mentally disabled and that of homeless alcoholics and substance abusers.

- o The remaining 3,000 to 4,000 units could be developed by private or voluntary providers as supported housing perhaps resembling SRO hotels, to which additional services are attached. These units will be more fully described in proposals that follow.

The Scope and Cost of Suggested Initiatives

The program suggestions that follow are described in broad terms; we have not set forth in this report the specific numbers of units, bed capacities, staff sizes or dollar amounts that any given initiative might involve. We have chosen this approach in order to encourage further discussion and to allow a balance among the several initiatives to be determined over time. Nevertheless, each suggested initiative has received at least a preliminary analysis by the agencies affected.

OPPORTUNITIES FOR ACTION

"...an effective program to prevent homelessness and help the homeless find their way back into secure housing calls for imaginative housing management and an experienced housing advisory service, supported by all the services the housing authority can bring to bear -- for mortgage lending, improvement grants, public health inspection and rent regulations, as well as the provision of [public] housing. Authorities which only dump the homeless in decaying short-life housing or in the least popular [public housing] will find they have transposed the problems of homelessness into more expensive problems of high turnover, vandalism, unpaid rents and fuel bills, and general demoralization in increasingly unlettable housing."

David Donnison and Clare Ungerson,
1982, Housing Policy, Middlesex, Eng-
land.

I. Housing: Development, Quality and Affordability

A housing needs analysis recently published by the Division of Housing and Community Renewal (DHCR) shows a total "housing gap" in the State of more than one million units, resulting from accumulated deterioration and shrinkage of the supply. This gap, which includes substandard units that are nonetheless occupied, reflects the total need for decent housing throughout the State. The need for newly-built or substantially rehabilitated units is nearly half the total gap, some 444,000 units.

The DHCR analysis, together with other findings in Volume I of this report, highlight three important facts about the low-income housing market in this State:

1. Even though the State's total population has declined since 1970, the number of households has increased by more than seven percent. The supply of housing has grown roughly in proportion to the growth in the number of households, but has tended to replace less expensive units with newer, more expensive ones.
2. The State's households have meanwhile become poorer. A recent study by the Business Council of New York State indicated that a disproportionate part of the State's loss in population between 1975 and 1980 consisted of more affluent people. Between 1970 and 1980, meanwhile, the number of poor families in the State increased by 24 percent.
3. The result of these trends has been fewer vacancies and a greater strain on household income to pay rent. New York City's vacancy rate, reported around two percent in 1981 and possibly lower now, was only one of three rates in the two percent range in the 1980 census (Nassau and Westchester were close). Eleven counties had vacancy rates of five percent or less, even though five percent is generally considered a minimum standard. At the same time, the Census reported that a third of all renters in the State pay more than 35 percent of their income for rent. Among households with incomes below \$10,000, the majority pay rents above 35 percent of their income on rent.

These observations form a basis for considering a series of efforts to assist the development of affordable housing. The first six proposals represent new or expanded State efforts to finance or encourage development of housing units for low- and moderate-income people generally. The next five are proposals to improve the quality of housing available to the very poor. Finally, six more proposals offer measures for making housing more affordable and more available to the State's poorest residents - particularly those who are on or are eligible for public-assistance, who make up a great majority of the homeless population.

A. Opportunities to Increase Production

The State's first explicit approach to the relief of homelessness was in its Homeless Housing and Assistance program (HHAP), a \$50 million multi-year program enacted at the request of Governor Cuomo as Chapter 61 of the Laws of 1983. The program was designed to support capital costs of construction or rehabilitation of residential properties for permanent, transitional or emergency housing for homeless people. The program, now in its second year, supports a unique combination of housing development and supportive services for people with multiple needs.

In creating and funding HHAP, the State essentially recognized that the challenge presented by the increasing number of homeless people could only be met with substantial subsidies for construction and rehabilitation of housing units for low-income people. The following approaches address both opportunities for raising additional housing dollars and appropriate methods for targeting their use.

Despite its many shortcomings, the model program of subsidies for housing construction and rental assistance is still Title II, Section 8 of the Federal Housing and Community Development Act of 1974 (P.L. 93-383), commonly known as Section 8. Although the program eventually became insupportably expensive, difficult to administer and politically unpopular, it did establish a model of simultaneous stimulation of both the supply- and demand-side of the housing market. It rested on the principal (still generally regarded as sound) that neither side of this market can be subsidized alone without risking serious inefficiency, inequity, or both. This principle has been rejected by the current Federal Administration, which has reduced Section 8 to a demand-only program, eliminating all rehabilitation subsidies and preserving only a small rent-voucher component. The Administration has taken this approach because of a belief that the housing supply nationwide is more than adequate to meet the need for housing. Very little evidence has been offered to support this belief; in any case, as Volume I and DHCR have demonstrated, a serious supply problem exists in New York State, particularly in the low-income market. That problem cannot be corrected with demand-side policies alone.

The virtue of Section 8, often forgotten amid the political problems it eventually encountered, was that it in fact managed to create relatively affordable housing units and, for the most part, to provide those units to low-

income people and families. The possible initiatives discussed in this section attempt to emulate that aspect of Section 8, at a much lower cost. Some of the recommendations, therefore, relate to ways of infusing new money into the housing development market (the supply-side) and others address ways of focusing support specifically on units for low-income families (affecting a targeted portion of the demand-side).

We acknowledge that some of the proposals discussed below would assist the production of new or rehabilitated units that will not be affordable by the poorest families. While such production is not a major part of the approaches we suggest, it is in fact a reasonably affordable way of expanding the housing supply generally -- which has indirect but real consequences for relieving the pressure under which the low-income market now functions. Without the massive costs of a New York State Section 8, this kind of indirect relief can be a relatively economical, achievable part of an overall program that is otherwise focused on the very poor.

1. Moderate Rehabilitation and Homesteading

Consideration should be given to establishing a program of grants and loans for rehabilitation of existing units and for expanding the supply of low-income housing generally.

The first proposal would be to finance renovation of the existing housing stock. A portion of the available financing could be earmarked for expanding the supply of single-room occupancy units or efficiency apartments for homeless singles.

This approach could provide flexible assistance for moderate rehabilitation in the form of grants, loans, interest reduction payments or other types of assistance to owners of low-income housing projects. Eligibility could be restricted to projects that are currently available to low-income tenants, and have one or more substandard conditions under State or local housing codes or the federal Section 8 Housing Quality Standard for Existing Housing. After rehabilitation, projects must meet Section 8 Housing Quality Standards for Existing Housing and all applicable State or local codes. Eligible projects would also be limited to neighborhoods in which the median income does not exceed 80 percent of the median income for the area, and the rents in the neighborhood must be generally affordable to lower-income families. Priority would be given to projects that provide housing for households with incomes that do not exceed 50 percent of the area median income. All of the benefits of the program would be for low- and moderate-income households.

The program could also be used for an urban and rural homesteading demonstration program. The purpose of this program would be to produce additional units for low- and moderate-income persons through the substantial rehabilitation of vacant and underutilized residential property. Eligible properties would be limited to vacant or underutilized real property with one or more units suitable for homeownership by low-income persons. The same neighborhood eligibility requirements would apply.

2. Expanding Efforts to Attract Private Developers

The Housing Finance Agency's financing capabilities should be expanded.

Under the existing HFA Loans-to-Lenders Program, the Agency provides banks with funds to make low-interest, multi-family dwelling mortgages, and ensures that at least 20 percent of the units are reserved for low- and moderate-income families. An expanded program would continue to provide financing incentives for additional housing development. It is also suggested that HFA explore the possibility of utilizing variable rate financing as a further incentive for housing development.

The use of tax-exempt financing by the Housing Finance Agency (HFA) for multi-family rental housing is geared to provide affordable housing for low- and moderate-income individuals and families. The savings realized through tax-exempt financing are used to make multi-family rental housing economically feasible, as well as to provide an internal subsidy to reduce rents payable by such persons. High interest rates, even with tax-exempt financing, still result in rents beyond the means of many lower income persons.

The rates currently offered by the agency are significantly below conventional mortgage rates, but in most cases are necessary just to make the projects economically viable. Few, if any, New York State projects can generate enough rental income even with 100 percent market-rents to carry conventional financing costs. There is currently a limited conventional mortgage market for multi-family rental housing, because most traditional lenders have withdrawn from that market completely or have sharply curtailed their activity. The limited conventional financing that is available from pension funds and insurance companies is at mortgage rates between 14.5 and 15.5 percent, thereby effectively reducing market-rate rental housing production. Lower interest rates are also available from the same sources, provided that developers give up equity participation to the financing institutions.

To stimulate greater production of housing at rents affordable by lower-income families, financing methods which can reduce both the cost of the tax-exempt financing and the resulting mortgage loans must be explored. This could be accomplished through interest reduction techniques that will enable HFA to finance projects at lower mortgage rates, thereby enabling the low-income units in 80/20 projects to be affordable by lower-income tenants.

The agency does not now use such creative financing techniques to provide lower, fixed-rate mortgages because of the risks associated with variable rate bonds. While interest rates on variable rate bonds are generally considerably lower than on fixed-rate bonds, they vary by definition and could at some points exceed the rates on loans made with HFA financing. The spread between the initial bond rate and the proposed mortgage rates is intended to meet the contingency of short-term bond rates rising above the mortgage rate for some periods during the life of the projects.

A number of factors would be taken into account to determine which projects to finance with variable-rate bonds. These criteria could be defined in any number of ways, but should include the extent of poverty in a given area, the extent of occupancy of physically inadequate housing by lower-income households in that area, the extent of overcrowding in lower-income households, the level and duration of rental housing vacancies, and the extent of the lag between the estimated need for and production of rental housing. Used in conjunction with the Loans-to-Lenders program, this additional leverage would permit HFA to direct the 20 percent units to low- as well as moderate-income families.

Any future lowering of mortgage rates would produce savings to the project, which would be directed to benefit low- and moderate-income tenants after the project's economic feasibility is achieved. Reducing the rate by even one percentage point allows a significant drop in rents on the low-income units. A one point drop in the mortgage rate for the entire project is the equivalent of a 5 percentage point reduction on the portion of the mortgage attributable to the project's low-income units if all of the savings from the reduction are channeled to those units.

3. Applying funds From New York City to A Housing Trust Fund

The State, New York City and various public authorities may together be able to identify a dedicated revenue stream to operate a New York City low-income housing fund.

Such a revenue stream could come from sources not currently included in the City's financial plan, such as the recently identified Municipal Assistance Corporation (MAC) surplus, and could be used to finance the construction of new housing for low-income families and single persons.

4. Negotiated Sale of State Property

Legislation should be considered that would authorize the Office of General Services, in cooperation with other State agencies, to negotiate the sale of selected surplus State properties to qualified sponsors, under certain circumstances, for the purpose of expanding the supply of emergency, transitional or permanent housing for the homeless.

In addition to the various ways in which the State can increase the flow of dollars for the construction or rehabilitation of housing for the homeless, the State also has surplus properties, some of which could potentially be made available at less-than-competitive market prices to qualified sponsors of emergency, transitional and permanent housing for the homeless. Sale of surplus State properties at lower-than-market rates could in some instances be less costly than expenditure outlays of State grants, loans or operating subsidies to not-for-profit organizations for acquisition and long-term financing of property in certain real estate markets.

Currently, surplus properties are declared surplus by the agency having original program and/or operating jurisdiction, and are transferred to the Office of General Services (OGS). OGS is then responsible for disposition. Current law severely restricts the ability of OGS or the state to affect use after disposition by requiring that such property be sold only through public competitive bidding procedures.

While this highest-bidder requirement is appropriate as a standard operating procedure, in special, carefully defined circumstances where a priority public need such as housing the homeless can be achieved with little or no net cost to the State, there could be special authorization for negotiated sale of such surplus properties.

The New York City Department of Housing Preservation and Development has authority to negotiate the sale of City-owned properties, and has used it for many community and neighborhood development purposes, including shelters and permanent housing. Six HHAP projects funded to date and a larger number currently under review secured their sites through this mechanism. The State's Urban Development Corporation (UDC) has authority to negotiate sale of certain properties, but the scale and complexity of that agency's real property transactions, and the fact that it has no role in or responsibility for the HHAP program, has not made it feasible to extend their authority to HHAP projects.

It is possible, for example, that the HHAP program could itself provide a vehicle for helping to define the circumstances under which a negotiated sale may be considered. In one possible model, HHAP could estimate the potential loss of State income from a negotiated (rather than bid) sale, in consultation with OGS. In this model, if HHAP were able to document that such loss would be less than the amount the State would have to expend in grants or other subsidies for a similar structure being adapted for the homeless under HHAP, a negotiated sale could be authorized. If properly drafted, legislation could guard against authorizing unconstitutional State gifts or loans by reflecting the contractual requirements of HHAP or other similar programs to provide services, and by stipulating that negotiated sale is a substitute for otherwise anticipated State expenditures. To reflect the special limited purposes of this authority, the enabling legislation could fix an absolute value or number of properties for which negotiated sale could be conducted.

5. Assistance from Pension Funds

The State should cooperate with the Pension Investment Policy Group to formulate a plan by which money from pension funds can be designated to support the rehabilitation or construction of housing, particularly in areas where capital is scarce.

Various public and private labor unions throughout the State have recently convened a Pension Investment Policy Group, with the participation of State government, to consider ways of using Pension Fund money to support housing and job creation. The State should cooperate with the Policy Group to

incorporate the pension money that will be made available for housing into the State's overall program of support for housing development and should, where feasible, link those efforts to ongoing housing programs.

6. Voluntary Sponsorship of Housing Development

The State should explore the creation of public/private programs that would assist voluntary organizations in sponsoring residential programs for those with special needs.

The New York Voluntary Enterprise Commission was established by the Governor on June 1, 1984, to explore opportunities for better cooperation between State government and the voluntary sector. The Commission has begun to develop a program to facilitate voluntary sponsorship of residential programs for low-income families and individuals with special needs. This type of program would combine State, corporate and foundation resources to provide below-market rate loans, loan guarantees, grants and technical assistance to help voluntary organizations assemble the total financing package necessary for program sponsorship. A key component of this effort would be the screening of potential sponsors to serve as facilitators for organizations seeking to participate in complex public programs. Through these activities, it is anticipated that a variety of special population groups, such as the homeless, the frail elderly, the developmentally disabled and those with psychiatric disabilities, will be served. It would also increase the State's cooperation with the private sector in meeting public purposes, and would help voluntary groups improve their relationship with the private sector.

B. Opportunities for Preserving Low-Cost Housing and Ensuring Quality

1. Expanding EARP

The Emergency Assistance Rehousing Program (EARP) in New York City could be continued and expanded as an innovative approach to reducing the incidence of emergency housing in welfare hotels. Other variations on the EARP model should be encouraged and extended to other counties on a demonstration basis.

In the Spring of 1983, the State Department of Social Services authorized an innovative demonstration program in New York City designed to assist in the rehabilitation of permanent public and private housing units for PA recipients. The program provides the potential for development of long-term permanent residences for low-income families through use of funds that would otherwise be used to reimburse hotel/motel operators for emergency accommodations. Currently hotels and motels are paid \$32 per night for a family of three; \$14 for the first person and \$9 for every additional person.

The EARP program allows the City of New York to pay this same hotel/motel rate to a private landlord or public housing agency for a period of four months for the purpose of increasing the number of available public and private units for PA recipients. This money can be used to improve an existing unit or make available a new unit. Payment is made on the condition that the receiving entity house a family from a hotel/motel and guarantee the availability of that unit to a PA recipient for a period of 28 months. After the four month period at the hotel/motel rate, the maximum shelter allowance applies. Over 800 families previously in hotels are now residing in rehabilitated apartments with a guaranteed lease of at least 28 months.

In Westchester County, another version of this approach is meeting with success. Westchester uses its program to encourage private landlords to provide quality emergency housing for families who would otherwise be placed in hotels. In this case, the emergency hotel/motel rate is offered to landlords to pay for improvements needed to make the property suitable for emergency housing. The county actually pays for these improvements in the form of an up-front loan to the landlord and then takes repayment of the loan from the per-diem hotel/motel rate, until the full amount is paid. The landlord agrees to provide the unit as emergency housing for a specified period of time (typically one or two years).

Consideration should also be given to providing funds from EARP in a demonstration to renovate selected units in State-assisted housing projects and in Mitchell-Lama housing companies to house homeless families. Such an initiative would allow these projects to bring their rental units up to acceptable standards, to expedite the relocation of families from emergency housing to permanent housing, and to make units in these projects affordable to public assistance tenants.

2. Using HEAP to Weatherize Housing for the Homeless and for PA Recipients

A specified amount of HEAP funding could be used as seed money to help in leveraging private dollars for weatherization. Such funds would be used in conjunction with the State's other weatherization funds and would be targeted to buildings with a high percentage of PA tenants.

It may be possible to use weatherization funds in the Low-Income Energy Assistance Program (HEAP) in an innovative fashion by leveraging and complementing other sources of funds, particularly private funds. The State could, for example, set aside a portion of HEAP funds as seed money that would be combined with private funds in comparable amounts -- for example, in participation loans. Additionally, each year, a substantial amount of HEAP money is provided to other State agencies, including DHCR and the Department of State, to weatherize low-income homes. Continuing efforts are being made to target this money to the weatherization needs of public-assistance recipients. In the coming year, serious consideration should be given to targeting a portion of these weatherization funds specifically to PA households.

3. Moratorium on SRO Conversions

Legislation to declare a moratorium on the conversion of single room occupancy hotels should be considered.

A bill already passed by the Assembly (A.11829) and currently before the Senate would declare a Moratorium on the conversion of single room dwelling accommodations in New York City. Given the loss through conversion and closing over the past decade of more than 80 percent of this important low-income resource, adoption of this measure would be a positive step toward the preservation of the units which remain, and the prevention of homelessness.

4. Ensuring Decent Housing for Public-Assistance Recipients

The Department of Social Services, in cooperation with local social services departments, could review the existing provisions of the Spiegle Act, in order to determine whether amendments to the Act are necessary, and in order to develop procedures by which the Act can be used more effectively to improve the housing conditions of public-assistance recipients.

Every year, the State spends roughly \$1 billion on shelter allowances for public-assistance recipients. In one sense, that makes the welfare system the largest government housing subsidy program in the State. From a different point of view, however, this \$1 billion is required by law to provide for the housing of more than 1,400,000 people in the average month - - nearly 600,000 households in all. That is only enough for about \$140 per household.* It is not reasonable therefore, to expect that the aggregate effect of shelter allowances, even though they amount to a large sum, can have a powerful effect on the quality or quantity of housing available statewide.

Nevertheless, some opportunities are available that might make the mechanism of the shelter allowance somewhat more effective in influencing the kind of housing poor people can obtain. The opportunity most often discussed is Section 143(b) of the Social Services Law, commonly known as the Spiegel Act, which authorized local departments of social services to withhold shelter allowances on behalf of public-assistance recipients who live in housing where there are code violations that are "dangerous, hazardous or detrimental to life or health." It also authorized local departments officials to take appropriate action to reduce the maximum rent applicable to any accommodation occupied by a PA recipient whenever there is evidence that essential services to which the recipient is entitled are not being maintained.

* In fact, because of the way PA eligibility and grant levels are calculated, the mean shelter allowance payment is somewhat higher than this simple per-household figure.

The act is clearly based on the premise that the State and localities should not be paying for substandard housing. Nevertheless, in all but a few places there has been no meaningful enforcement of this Act. The reason generally is that housing for PA recipients is difficult to find as it is; landlords have no incentive to rent to welfare tenants. The fact is by itself regrettable. To make it worse, those landlords who do rent to public-assistance recipients often find the system intimidating and unresponsive when problems arise. There is some evidence that landlords have been refusing to rent to welfare recipients in larger numbers in the last several years.

Therefore, any attempt to use the Spiegel Act to correct inadequate housing must be sensitive to the danger of driving landlords out of the welfare market, and reducing the limited housing opportunities of PA families still further. In Westchester and Monroe counties, the Spiegel Act was successfully combined with a system to monitor building conditions and with certain incentives to landlords to upgrade their buildings. The Act should clearly be applied with care, and will probably only work in combination with programs that assist landlords in meeting their code obligations. We believe that, if prudently combined with such assistance, the Spiegel Act can be extended on a demonstration basis to other counties for further testing and experimentation.

5. Creating a Housing Capacity for Social Services Departments

Both the local and State departments of social services should examine ways of developing a capacity to plan and operate programs to provide adequate housing to their clients.

The enforcement of the Spiegel Act, the development of programs like EARP, and the administration of support and services that allow people to keep housing, all require a dedication of staff capacity that in many cases may not exist within traditional social services units. At the State level, low-income housing has been a shared concern of several agencies, but has not been the primary responsibility of any one. For the homeless, who are for the most part recipients of public assistance or eligible for it, the logical agency to provide housing support is DSS.

At both the State and local level, therefore, consideration should be given to developing more focused capacity to provide and manage housing services where they are needed, and to coordinate more effectively the low-income housing programs that already exist.

Traditionally, the Department of Social Services has played little or no role in the creation of housing policy. With few exceptions, local social services districts have generally encouraged clients to handle landlord problems on their own. Frequently, district personnel only become involved in a problem when it reaches a crisis, such as a fire or an eviction. Districts should be encouraged -- and assisted if necessary -- both to take a more active role in their own housing markets and to bring together local housing authorities, code-enforcement agencies, legal services attorneys and public and nonprofit community-development groups, to improve cooperation among them.

C. Opportunities to Ensure Affordability and Availability

1. Rent Subsidies

Consideration could be given to developing a demonstration rental subsidy program to provide rental assistance to qualified low-income tenants in housing units rehabilitated under State programs.

Addressing the problem of housing affordability requires more than just stimulating the production of additional housing units through production-oriented programs. Eligible recipients in a rent-subsidy program would have to have incomes below 50 percent of the median area income. This limited demonstration program would be used to test this concept for preventing homeless and assuring the availability of affordable housing.

The program could be administered by local Public Housing Authorities (PHAs). Assistance would be permitted only for those units that meet minimum standards, with annual inspections required. Additionally, a Memorandum of Understanding would need to be executed between the grantee (municipalities) and each participating PHA, setting forth the responsibility of each party and the procedures to be followed in coordinating the use of vouchers with State housing grants and loans.

2. Adequacy of Public Assistance

Public-assistance grants should be periodically reviewed and kept at a level that enables families and individuals to acquire and keep adequate housing without affecting their ability to meet other basic human needs.

In January, 1984, the State raised the portion of the welfare grant that is provided for rent. This increase, as discussed in Volume I, came at a critical time in the development of the State's homeless problem, and represents an important step toward the reduction of further growth in the numbers of homeless people. Such revisions are periodically made necessary by inflation. This is true of both the shelter allowance and the basic grant, since both portions of the grant ultimately affect the ability to pay for housing.

Public-assistance recipients usually do not receive separate checks for rent and for other needs. The shelter allowance, therefore, does not exist separately for most PA recipients, but is part of an overall amount of money available each month to meet basic needs. If any part of that overall amount is inadequate for a given month, it could become necessary for the recipient to use funds intended for shelter to meet other basic needs. Therefore, to safeguard the continued adequacy of the new shelter allowance, the State must remain sensitive to the effect of inflation on all components of the public-assistance grant to ensure that overall benefit payments are adequate to meet all basic needs, including both shelter and other necessities.

3. Encouraging Movement Out of Emergency Shelters

The Department of Social Services should clarify responsibilities of social services districts to assist persons currently in emergency shelters in moving expeditiously into self-sufficiency, cash assistance, or long-term residential care programs, as appropriate.

Currently, Sections 350, 370 and 382 of Title XVIII of the State Code of Rules and Regulations specify the actions required of social services districts in granting and continuing emergency or short-term Home Relief, or making predetermination grants under ADC. Affirmative responsibilities are placed on the districts both to meet emergency needs and to complete final eligibility determinations. In general, 30 days are given for completing the final eligibility determination, although the time limit may be exceeded under unusual circumstances.

For single adults who are referred to public shelters instead of being given emergency Home Relief, the regulations provide far less guidance on local district or client responsibilities for initial or continuing assistance. Applicable regulations are set forth in Section 371, which defines public shelter care as a form of public institutional care. Specifically, Section 371.6, pertaining to public lodging house or shelter care, states: "The local plan for administration shall specify the policies and procedures governing the provision of lodging house or shelter care. All requirements for the approval of such plans shall be applicable." However, local plans for administration are no longer required, and no systematic alternative has been devised.

Improved Departmental regulations should clarify standards and time frames for making more appropriate, final eligibility determinations for single adults receiving emergency public shelter care in lieu of emergency cash assistance. Increased knowledge about the homeless clearly suggests that only a small percentage require licensed residential care; many are capable of independent living if income, appropriate supports and housing were available. For these long-term shelter residents, movement onto Home Relief and into its employment and housing assistance services is appropriate and desirable. Continued stay in an emergency facility which fosters dependency is contrary to the goal of social services law and regulation.

Likewise, for those shelter residents whose mental or physical disabilities result in their inability to live independently, improved assessment and placement services are necessary to move residents into more appropriate, permanent residential settings.

4. Encouraging Landlords to Rent to PA Recipients

The Department of Social Services should review the procedures currently used in restricting the shelter allowances of public-assistance recipients, with the goal of simplifying the

administrative process for landlords while ensuring clients' rights. The Department should also consider alternative approaches that encourage landlords to rent to PA recipients.

It is widely held that landlords perceive public-assistance tenants as high-risk tenants who are unable or unwilling to pay rent on time, and to cover rent arrearages or damage to apartments they rent. In addition, it is argued that landlords have little recourse against such tenants because local districts turn a deaf ear and court proceedings are costly and often protracted. This perception reduces and often eliminates a landlord's willingness to rent to public assistance recipients. The result is that a very tight housing market becomes even tighter. Landlords most often complain about rent arrearages, lack of security deposits, the inability to collect back rent when a PA tenant moves, the bureaucracy of the housing court, and lack of tenant support services.

A landlord-directed initiative to preserve and expand the supply of low-income housing available to PA recipients should explore each of these problems and suggest solutions. Legislation might, for example, be enacted which eliminates the disincentives that many landlords believe they face in supplying housing to public-assistance recipients at an affordable price. Incentives could include cash security deposits, pre-paid insurance pools, or other measures that could help to make the housing opportunities of PA recipients more nearly equal to those of other poor people.

Restricted payments are a method of limiting a PA recipient's ability to spend a portion of the public-assistance grant (typically, but not always, the rent portion). A "vendor payment" can be made directly to a landlord, or a special check may be issued to the landlord and tenant jointly, requiring an endorsement by both parties. Current federal ADC regulations (45 CFR 234.60) permit the use of protective vendor and two-party payments when such payments are requested by the recipient (called a voluntary restriction), or when income-maintenance officials determine that the recipient has "mismanaged" payments on behalf of the children. This latter type of restricted payments can be made for a period of up to six months, at which time a review must be done to determine if the restriction should be continued. Existing State DSS regulations provide for an investigation by local districts into charges of mismanagement and for a determination in writing regarding restricted payment.

State Law SSL 159 allows restricted payments to be made in HR cases if it is determined that a less expensive or more easily controlled alternate method of payment is not available. Local districts are therefore allowed much greater freedom in determining the method of payment to HR cases. At the present time, 16 percent of cases upstate and 9.3 percent of cases in New York City have their shelter payments restricted. In order to preserve the availability of rental units currently occupied by PA recipients, regulations and procedures should be examined regarding use of restricted payments for ADC recipients. Revised procedures should ensure that recipients are aware of their option to restrict their shelter allowances voluntarily as a way of guaranteeing timely payment of rent. Any review of such regulations must take into account the rights of recipients -- including the consumer right to withhold payment for inadequate services. Such rights should not be unduly limited.

5. Employment and Training for the Homeless

Existing employment and training programs should make provision for the homeless among those they serve, and that local social services districts should include programs for the homeless in their local employment plans.

The State's array of employment programs, including those of the Department of Labor, those in the Department of Social Services (which are specifically targeted to welfare recipients), and those organized under the Jobs Training Partnership Act, all potentially meet the needs of homeless people. For those whose main or only reason for homelessness is the lack of a job or proper income supports, these programs could make the difference between extreme deprivation and relative independence.

Employment programs that focus particularly on the hardest-to-employ should make special provision for employable homeless people. Currently, the only public employment effort specifically focused on the homeless is in certain locally-operated shelters, where residents are required to work a certain number of hours as a condition of continued shelter. More appropriate, and probably more effective, would be programs that make training and placement services available to shelter residents. Job Clubs, on-the-job training programs, educational services, or other existing employment efforts could be adapted specifically for this purpose.

In any event, the Departments of Labor and Social Services should seek to include the homeless among those who are assisted by their training and job-finding programs wherever possible.

6. Other Housing-Related Demonstrations

The State should consider authorizing demonstration projects, including a two-tier shelter allowance, that are aimed at preventing homelessness and reducing the length of time a family remains homeless.

Currently no funding exists for districts that are attempting to develop ways of providing housing for PA recipients and preventing homelessness. Proposals have been made to tie the rent paid to the quality of housing, to use loans to private landlords to increase the supply of available housing, and to provide a two-tier shelter maximum based on code compliance of buildings. Westchester County, for example, is developing a proposal that would provide a higher shelter schedule to those landlords who bring their buildings up to code requirements.

To demonstrate the effectiveness and possible replicability of such ideas, the State Department of Social Services could be given explicit statutory authority to approve a limited number of local demonstration projects to test innovative ways of adapting shelter allowances for use in encouraging the development or upgrading of housing for the poor.

In addition, Section 225(a) of the Housing and Urban-Rural Recovery Act of 1983 provides funds for technical or financial assistance to property owners, temporary rental assistance to families, housing counseling and referral services and administrative expenses as outlined in an administrative plan. The statute authorized \$10 million for FY'84 and \$15 million for FY'85 to be awarded to at least 20 units of general local government and states. It is expected that the FY 1985 appropriations bill to be decided later this fall will contain the full \$25 million appropriation. The State should apply for such funding. These funds should be used specifically to encourage upgrading of housing occupied primarily by lower-income families, and to provide for better coordination, at the local level.

II. Expansion of Licensed Residential Facilities

Estimates of the current unmet need among homeless people for licensed residential care beds for adults, based on Volume I of this report, range from 1,600 to 3,800 beds. To meet this need, New York State and local government entities should consider expanding financial assistance for the acquisition, rehabilitation, start-up, program and operating costs for licensed residential facility development. Private capital investment should also be encouraged.

The four offices of the Department of Mental Hygiene, the Department of Social Services, and the Division for Youth all certify residential settings that vary in the requisite amount of treatment and supervision they provide to their residents. The availability of such facilities is an issue not only for the homeless but also for persons inappropriately placed or awaiting discharge from a higher level of institutional care that is no longer needed. The following recommendation is intended to preserve or expand the bed supply in such facilities primarily by making existing supports uniform across the various residential care programs and by recognizing and providing for the real costs of operating these facilities.

1. Preserving and Expanding the Capacity of Licensed Residential Facilities

The State, in cooperation with the Federal government, local governments and private agencies, should develop short- and long-term funding strategies to encourage development of licensed residential facilities that serve homeless people. Such strategies should include reimbursement mechanisms that are sensitive to differences in capital and operating costs among different kinds of facilities, client characteristics and geographic locations.

At different times in the State's history, the State has adopted various approaches to expand and/or upgrade community residential services for populations in need.

Long-term residential care but not nursing or medical care, for adults who need personal care and/or supervision, is certified by the Department of Social Services. The current financial feasibility of expanding these programs differs significantly from that of either the residential health care facilities or the facilities certified by OMH or OMR/DD. There are no dedicated sources of State or local funds for capital development, operating or program costs for these programs other than the congregate benefit level of the Supplemental Security Income (SSI) program, known as Level II, or Home Relief in an equal amount. This level of the SSI benefit (which is approximately \$18 per day) is set forth in State law and has only two variations: residents in facilities in New York City and Nassau County are eligible for a benefit slightly higher than elsewhere in the State. The financial burden and risk of development rests on the provider and the private financing markets. If and when construction or rehabilitation occurs, reliance solely upon the SSI payment structure and current amount poses additional risks and difficulties for a provider in maintaining adequate operations. Potential and actual providers of residential care have expressed dissatisfaction over the amount of these payments and the insensitivity of this payment structure to variations in program and operating costs, and have noted the disincentive this raises to expansion.

During the first six months of 1984, only 150 new beds were added to the capacity of adult homes. The problem of financial feasibility was a major reason why more beds were not developed. Even the expansion that has taken place is threatened by the current payment structure. Operators of the four pilot Residences for Adults programs - - a level of care specifically designed as a response to homelessness - - have expressed concern that their programs cannot be made operational at the level currently available.

Even with increased operating aid, the anticipated growth in residential care beds will not produce or replace the initial Residence-for-Adults beds called for in this plan. If the assurances of adequate operating income over the long-term life of the facility are sufficient and a sizeable number of units are needed, State construction and mortgage assistance may be financially feasible for both the State and the facilities. An alternative approach of mortgage guarantees, low-interest loans, advances or even grants could also be considered. Current plans are to assist residence development through the HHAP program, but a separate appropriation could be considered as a long-term solution.

Any form of State-assisted construction or rehabilitation which reduces long-term property costs could help hold down future demand for increases in operating revenue. As a corollary, some reasonable assurance that property and operating costs will be factored into a more responsible payment system should improve access to private capital and enhance the inclination of potential operators to expand the supply of residential facilities.

The various offices and divisions of the Department of Mental Hygiene have available for their programs different types and amounts of State financial assistance for acquisition, construction, rehabilitation and operation of residential facilities. In part, these differences reflect the special needs of the populations served by the relevant offices, as well as Federal mandates.

As with adult facilities under DSS, no specific State mortgage assistance is available for the development of residential facilities certified by any office or division of the Mental Hygiene Department. Unlike DSS programs, however, DMH programs benefit from a variety of additional State and local aids.

For several years the Mental Hygiene statute has limited OMH's authority to supplement community residences' income from SSI or HR payments. This amount of deficit financing was judged inadequate to meet all expenses. The result was the promulgation of a new program model.

Beginning in 1981, OMH was authorized to support 100 percent of approved rent through a separate rent pass-through program. More recently, OMH was authorized to provide financing to a community residence for up to 100 percent of its approved net operating costs. Program development grants for minor rehabilitation and start-up program and operating costs are also available through OMH.

Although OMH has authority to provide up-front capital grants and is in the process of developing the capability to do so, it has not proceeded as far as OMR/DD. OMH is, however, conducting an analysis to determine whether a capital development grant program would offer any short- or long-term benefit to the State.

Residential facilities certified by the Divisions of Alcoholism and Substance Abuse are community residential facilities for alcoholism and residential substance abuse treatment programs, respectively. Although these divisions share some of the financing tools available to OMH, their facilities are significantly more reliant on HR as a source of operating income. Programs certified by the Division of Alcoholism have been receiving the SSI congregate Level II amount for the SSI recipients and have been negotiating rates, not to exceed the SSI amount, for the Home Relief (HR) population with the local social services districts.

Unlike community residential facilities for alcoholism, residential substance abuse treatment programs were dependent on HR negotiated rates almost exclusively. This in part reflected the absence of SSI eligibles in the substance abuse residences, but also reflected the absence of consistent State policy regarding benefit levels for basic care and services, excluding the treatment costs associated with the residence's required program services.

The financial difficulties of residential facilities trying to meet program standards and operating costs through SSI and Home Relief worsened as a result of Federal actions to tighten the SSI eligibility standards and procedures. Fewer residents in the residential facilities became SSI recipients and proportionately more became HR recipients. In 1982, the Department of Social Services issued an administrative directive to its social services districts stating that the HR rates would no longer be subject to negotiation but would be set equal to the SSI benefits.

For the residential substance abuse treatment programs, however, then-current law did not make residents eligible for the Congregate Level II benefit, and the DSAS sought statutory changes. Under a provision of law introduced at the request of DSAS, residents in community residential facilities certified by the Divisions of Alcoholism or Substance Abuse will now be entitled to the Congregate Level II benefit amount, if HR or SSI eligible.

While not incorporating any specific up-front assistance for acquisition, construction, or rehabilitation of such facilities, these changes help guarantee more adequate income to assist in making residential facilities certified by DSS or by an office or division of DMH financially feasible, and hence more likely to find program sponsors and access to private sector capital assistance for actual development.

The Office of Mental Retardation and Developmental Disabilities has been perhaps the most innovative user of State, Federal and private financial assistance for the development and finance of residential facilities. Here also the primary source of income historically was through the SSI payment level for community residences, i.e., Congregate Level II. As happened with OMH, this funding source became inadequate to cover allowable operating costs as newer program models were developed to meet the needs of the disabled in community-based settings, and authority for direct state supplements to these facilities was granted. These additional resources help meet both operating and program costs. The shift toward ICR/MR certification under Medicaid rather than community residence also contributed to the improvement in the quality of the physical environments by increasing the amount of federal and state monies available.

Finally, because of the priority commitment of the State to the community-based care of the mentally retarded under the Willowbrook Consent Decree, two additional methods of state financial assistance were authorized. OMR/DD has authority to pay up to one-half of the allowable capital costs for the acquisition or rehabilitation of residential facilities. A second program permits OMR/DD to advance funds to residential facilities for start-up operating and program costs to be recovered through subsequent adjustments to facility reimbursement payments. While these funding mechanisms are available, vagaries in the financial marketplace, including varying mortgage packaging, often render their use problematic.

In summary, the experiences of the various state agencies in supporting and directing expansion of residential facilities suggests that the State and localities explore a core package of basic financing mechanisms similar to one or more of those currently available. Additionally, other alternative approaches should be researched. These financing mechanisms pertain both to up-front capital development assistance and to on-going facility aid which recognizes overall operating as well as program costs within defined criteria.

Authority and funds to provide direct grants for acquisition, construction or rehabilitation, such as those available through HHAP and OMR/DD, could be an important part of this core package. State loans, loan guarantees, or other mortgage assistance should continue to be explored, along with bond utilization.

Start-up advances or grants for minor rehabilitation, furnishings, program and operating costs should also be continued as an important component of the State's program to encourage facility development.

Authorization and funding for a system of direct provider payments, whether as fees or other contract arrangements, could also be part of a standard financing program. Such payments have been used to expand community residence beds, and to achieve certifiable programs and physical plants. The variation among facilities in both program and operating costs as well as population served, allows the State and localities to target scarce funds where they are justified.

Within the context of established criteria capital costs including interest, rent, etc., should be considered in reimbursement methodologies sufficient to provide acceptable residential settings and to maintain capital plants through their useful life. Additional analysis should be undertaken to determine the best long-range means of funding depreciation. Various state agencies currently funding depreciation have indicated that such funds are seldom available for the intended purpose, and replacement or modernization of the individual facility which had received such funds may no longer be a priority need. Work by these State agencies on alternative mechanisms should be encouraged.

2. Developing Needed Beds

The State's human services agencies, particularly DSS, OMH, and the Divisions of Alcoholism and Substance Abuse Services, should plan for the provision of adequate bed space for the homeless in need of their respective services.

The Needs Assessment estimates that the unmet need for licensed residential care beds is between 1,600 and 3,800. Additional discussions with appropriate State agencies have suggested the following:

- o The Office of Mental Health: Residential care beds should be developed specifically for the mentally ill homeless as part of the OMH effort to expand its residential services. Of models currently available, beds could be developed in Community Residences (CR), Crisis Residences, and in a newly developed Residential Care Center for Adults (RCCA) program. It is estimated that the costs for developing and operating these different types of beds could vary greatly depending on facility configuration and types of services provided. The RCCA is a congregate housing program for mentally disabled persons. The program will provide housing and essential services to sustain the individual in a community setting.

It is important to note that the development of these beds (as with most other facilities) is dependent not only on financial resources but also on the time-tables of new construction or

substantial rehabilitation and on the lengthy period it takes to have specific communities approve such residences.

- o The Division of Alcoholism and Alcohol Abuse and the Division of Substance Abuse Services have estimated that additional residential care beds could be developed specifically for homeless persons with alcohol and substance abuse problems. Capital and operating costs for such beds would vary greatly depending on the nature of the kind of development (purchase, lease, or new construction) and on the type of program model.
- o The Department of Social Services could provide residential care beds for homeless adults. In 1983, the Department initiated program planning for a new level of certified residential care - - the Residence for Adults - - for persons who require supervised living but do not need personal care assistance. Three pilot programs have applied for HHAP, and if competitive, will be a priority for funding.

To accelerate program expansion, the Department also may identify a small, select sample of Adult Homes whose current residents most clearly resemble the target population for Residences for Adults. These sample homes will participate in a pilot transition program to convert from Adult Home to Residence certification. Although this bed reclassification does not immediately expand services, it will increase the number of appropriate placements available to accept referrals from shelter to the new OMH model, the Residential Care Center for Adults.

Because these will be converted, existing beds, it is not expected that any capital expenditures will be necessary. Also, no new CSS or SSI expenditures will be required.

III. Expansion of Supported Housing

Providing a complete continuum of residential options to the homeless will require more than an increase in licensed residential care or overall housing capacity. Between residential care and ordinary, independent dwelling units, a new model combining housing and social supports is needed. A significant percentage, perhaps as many as 60 percent of homeless singles, are persons who could live relatively independently, with access to supportive services, but are not so disabled as to require the degree of supervision provided in licensed facilities. Of these, no more than one-third (perhaps 20 percent of all homeless singles) seem to require periodic supportive and clinical services on site, even though the apartments themselves are otherwise standard.

In Volume I, it is estimated that there are more than 20,000 homeless single persons in New York State. Provider responses to the survey suggest that nearly two-thirds of them require only permanent housing or housing with connections to community-based support or treatment services. The remaining one-third require more intensive on-site support and/or supervision.

1. Continuing the Homeless Housing and Assistance Program (HHAP)

The State should continue its commitment to the Homeless Housing and Assistance Program beyond the initial four years.

The 39 projects funded by the 1983-84 appropriation will provide housing to approximately 2,500 homeless persons. These projects include permanent independent housing, licensed residential facilities, and emergency shelters with support services. In response to the 1984-85 RFP, 104 applications were received which propose housing up to 6,300 additional persons. The total request for funding in these proposals was over \$79 million. It is expected that the current \$50 million commitment will provide temporary or permanent housing for between 5,000 and 7,000 homeless persons.

The HHAP is a unique approach, initiated by this Administration, to the provision of housing and appropriate support services to the homeless. While there is a recognized need for an increased number of permanent and independent housing units, as well as for the expansion of licensed residential facilities, the set of problems that contribute to homelessness do not fall neatly into traditional housing and social service categories. The purpose of HHAP is to bring these categories - - and the various possible solutions they offer - - into a coherent whole.

With the responsibility for more traditional types of housing and residential care being assumed by the appropriate agencies, as we have proposed in preceding sections, HHAP can serve as a base from which to develop models and explore approaches to serve needs unmet by existing programs. Geographic areas and specific populations can be targeted; concept papers could be solicited to develop new forms of settlement and specially-designed bridging facilities. One such arrangement, for example, might be drop-in centers with residential components attached. While some models for engagement and relocation exist and have been shown to be effective, more are needed and new approaches must be explored.

2. Supported Residences

The State and local governments could stimulate the development of supported but otherwise relatively independent housing for singles.

Volume I of this report suggests that of the 20,000 homeless single persons in New York State, more than half can be housed in independent SRO's or efficiency apartments with social supports as necessary, while an additional 20 percent may be more appropriately housed in licensed residential facilities. Those remaining could benefit from a non-licensed supported residential facility. For these individuals, a wide range of support services may be required, including outpatient treatment, drug or alcohol rehabilitation programs, general case management and assistance with basic living skills. Typically, those who require such services must compensate for impairments resulting from alcohol or substance abuse, mental illness, physical infirmity or age - - all of which may be exacerbated by life on the street or in shelters. The demise of SRO housing had its most pronounced and negative effect on people with such impairments, as did the inability of community-based treatment programs to develop at a rate sufficient to keep pace with the increasing need. Even when space is available for them, the people for whom "supported living" is an appropriate residential alternative may currently be choosing between a licensed residential care setting - - offering more restrictive and more costly services than are required - - and completely independent living that is remote from any supportive services at all.

There are a few, though not many, examples of supported residences already in operation. A successful program, the St. Francis Residence in New York City, is a 99-room SRO hotel. This is a permanent residence that offers a comprehensive range of on-site psycho-social services through a variety of sources. The purpose of the St. Francis Friends of the Poor, which is the organization that operates the hotel, is to provide a dignified home to people with severe psychiatric disabilities. Because responsibility for management and program development are combined at the St. Francis, it is possible to minimize the conflicts that sometimes arise in other SROs or hotels when tenants become disruptive because of alcohol or mental health problems. St. Francis staff also work with tenants when economic or behavior problems occur.

The hotel maintains 24-hour desk coverage with a management and maintenance staff of four full-time desk managers, two full-time janitors and one maintenance person during the week. There are three additional staff members at the desk on weekends. The rent structure was established based on tenants' ability to pay and ranges from \$140-200 per room per month. There is no debt service for the building and tenant rent payments essentially cover ordinary maintenance costs.

The program staff includes a full-time, on-site Community Support Systems (CSS) team of four. The latter includes a coordinator/nurse clinician, two activity therapists and a psychiatrist working five hours per week. In addition there is one full-time social worker from the HRA Crisis Intervention Service. Staff is also contributed by the Bellevue Hospital Center - - two volunteer doctors at 10 hours per week and a social worker from the Manhattan Psychiatric Center. The total program budget for the 99-room hotel - - including all staff and in-kind services provided by the City and State, the approximate value of services donated by professionals and a portion of the salaries of the Franciscan administrators allocated to operating the service program - - totals \$228,000. The cost is so low in part because the building is owned outright, the

sponsoring organization is a financially secure charity, and the management is exemplary.

On one hand, therefore, it may be somewhat more expensive to replicate this project than is suggested by an operating analysis of the St. Francis alone. On the other hand, it is not envisioned that the proposed new supported residential units will require nearly the program staff that the St. Francis Residence uses. The proposed residences may be geared toward a more mixed population whose service needs will in all probability be less demanding, less constant and therefore less costly.

Therefore, to provide some of the on-site services that may be needed for supported residence beds, we suggest continued utilization of community mental health services provided under the auspices of the Office of Mental Health. The Community Support System, for example, expands the range of services typically provided under mental health auspices with particular emphasis on case management services to follow the mentally ill in the community and assure that they are linked to appropriate services. They have proven to be especially effective not only in reaching mentally-impaired people on the streets but also in helping to assure that, once they find shelter, they do not become homeless subsequently.

The Department of Health (DOH) also funds two projects that are directed specifically toward homeless people living in SROs and shelters. Both of these projects are operated by St. Vincent's Hospital in New York City.

St. Vincent's Hospital currently receives \$300,000 in DOH Primary Ambulatory Care Program Funds, of which \$80,000 is specifically targeted to residents of nine SROs and four shelter sites for its SRO Homeless Program. Funds are used to support teams composed of physicians, nurses and social workers. The teams provide approximately 8,400 service contacts per year to SRO residents. The four shelters served by the program - - including two City shelters for men, a drop-in center for women and a church-based intake and referral center for both men and women - - typically receive the services of two or three professionals and one or two aides.

The resources available to obtain and maintain appropriate housing for single homeless persons are almost invariably less than the costs of providing such housing. By and large, Home Relief alone is not adequate to cover the cost of operating buildings at a reasonable profit. The costs of providing housing include operating and capital expenses, the latter including acquisition, rehabilitation or new construction where necessary, and debt service on either or both.

The costs vary widely depending upon the level of services provided, the cost of acquisition and rehabilitation (and how much of that must be conventionally financed), and the regional differentials.

IV. Services for Youth and Families

An apparent gap in services for the homeless youth population is in the area of transitional services, as a recent report by the Council on Children and Families makes clear. Transitional services provide an opportunity for the development of employment, social, and life-management skills that eventually enable young people to become self-sufficient. Such services become critical just after a youth's basic needs are stabilized; a residential program with maximum opportunities for the resident to assume increasing responsibility is necessary.

The biggest difference between a transitional services program of this type and the current service programs for runaway and homeless youth is the current focus on serving younger adolescents. This focus must be broadened to include older homeless youth (particularly those aged 16 to 21), with a special emphasis on services to aid in the transition to independent living.

Despite the increasing attention being paid to homeless youth, program development has not increased dramatically. Services for this population will require consistent funding. At present, there is no funding stream available that is dedicated to the provision of transitional and independent living services. Where they exist, these services are only being provided under very special circumstances where program providers have been able to link various resources in a piecemeal fashion. The creation of a dedicated funding stream is important for the expansion of transitional services.

1. A Transitional Services Program

The State and local youth bureaus should work together to provide improved transitional and independent living programs for homeless youth, under a new section of the Runaway and Homeless Youth Act.

The Council on Children and Families reports that much of the shortage in crisis shelters for young people, according to providers, is caused by the lack of more appropriate transitional programs. Homeless youth are often caught in a revolving door as they move from crisis shelters to the streets and back again. The funds requested would support both the creation of transitional programs and the development of accompanying nonresidential services such as case management and independent-living programs.

The successful reintegration of post-institutional youth into the community is of major importance to both the State and the communities into which the young people return. But young people leaving institutions are not the only ones who require transitional services. Other homeless, runaway and castaway youth now in emergency circumstances -- including those living on the streets who may be served intermittently by food or drop-in programs -- also require assistance in developing the skills necessary to help them find and keep both a job and a place to live. Forging a State-local program and funding relationship

will assure coordination of services through the existing County comprehensive Planning process, and will encourage the use of YDDP funds for a particularly high-risk group of young people.

The Runaway and Homeless Youth Act provides the basis for a comprehensive service approach to runaway and homeless youth. When drafted in 1978, the bill focused on the crisis intervention and emergency shelter needs of a population for which family reunification would be the primary resoution. Programs are now serving an increasingly older population who have fewer opportunities for family reunification. The current length of stay permitted under the Act is limited to 30 days, with the possibility of an additional 30-day extension. While effective for crisis intervention and family reunification, the 30-day time frame is not sufficient for transitional living services. The RHYA should be amended to increase allowable lengths of stay for youth in programs designed for transition to independent living.

Under the Runaway and Homeless Youth Act, the current age definition for both runaway and homeless youth ends at age 18. To allow for service accessibility for the older homeless youth, the age limit must be raised. The most reasonable and cost-effective way to increase service accessibility is to expand the current system, rather than maintain parallel mechanisms. By extending age and length of stay limits for children served under the Runaway and Homeless Youth Act and by increasing operationsl funding for shelters, it would be possible to merge the two separate licensing categories currently applied by two different State agencies, (DSS and DFY), for shelters serving homeless youth. This strategy would maintain a coordinated focus for runaway and homeless youth services, as well as allow flexibility to communities to maximize resources which may be necessary for runaway and homeless youth regardless of age.

A statutory mechanism could also be developed to permit the use of YDDP funds for homeless programs in the framework of the Runaway and Homeless Youth Act, and to extend lengths of stay in RHYA programs to allow for appropriate adjustment for independence.

2. Preparing Youth in Foster Care for Independence

New York State should emphasize the provision of independent living preparation services for youth currently in foster care and in facilities of the Division for Youth.

When they are placed in foster care, children are generally assigned a "permanency goal" -- a destination beyond foster care in which the child resumes a normal, permanent living arrangement. As of March, 1984, one-fourth of all children in foster care had a permanency goal of "Discharge to Own Responsibility." No comprehensive assessment is available to chart the likelihood that these young people will maintain stable housing, employment or social adjustment after they are discharged. In general, these are adolescents who will "age out" of the foster care system at age eighteen and will then be on their

own. Two recent studies of the populations served in runaway and homeless programs indicate that a disproportionate number of youth served in these programs have been in foster care.

A lack of attention to the transitional needs of youth is the result of several factors, chief among which are the scarcity of Federally-supported social services that assist youths aging out of the system and living on their own, and the inability of the child care system to adjust to the changing needs that have resulted from a rapid increase in the population of adolescents in foster care. Data from the Child Care Review System (CCRS) indicate that adolescents in foster care are quickly becoming a majority; they now make up 45 percent of the foster care population. The ability of the system to provide permanent homes for this population is limited by resources and various legal constraints, and the population in need is made larger because of the unwillingness of many older youth to be adopted. Also, many older children with a goal of "Return Home" may have families with very limited capacity to assist them in a transition to independent living.

One current effort at providing skills to adolescents in foster care, the Adolescent Family Foster Care Project (AFFCP), funded through a Division of Criminal Justice Services (DCJS) grant, was designed initially to develop family foster homes for adolescents to prevent unnecessary institutionalization. While the effort proved successful in developing homes, it also uncovered a significant need for training in independent living skills for the adolescents in the program. The AFFCP consequently developed a program that includes a curriculum for independent living, development of local training staff through the use of district co-trainers, an increased foster care rate, smaller caseloads and increased access to clinical services and respite care. The project is being continued and pilot testing of the independent living program is underway. The program model and curriculum are available to non-demonstration districts for replication.

Another DCJS-funded project is currently reviewing discharge planning and aftercare services that are provided for youth being discharged into the community. The effort, linked closely with a similar effort sponsored by the Council on Children and Families and focused on DFY, has included a survey of local districts and site visits to programs that provide transitional services. The purpose of the project, entitled Program Assessment for Independent Living (PAIL), is to gather data on existing independent living programs, both formal and informal, for the purpose of program development and modification of regulations to assist this effort. The PAIL project has both identified gaps in services and discovered some noteworthy locally-developed methods of serving youth in transition from foster care. The data being collected on locally-developed programs and input from service providers will help fill the substantial gaps in current data and will allow the Department to provide technical assistance and training to other districts. Technical assistance efforts have already begun.

Necessary efforts to address the overall needs of an adolescent population facing discharge could include:

- o Continuation of the Adolescent Family Foster Care/Independent Living Projects.
- o Technical Assistance to local social services districts and other agencies for program development, based upon the findings of the Program Assessment for Independent Living Project. This will promote the use of networking and cross-agency program development to meet the needs of a young adult population.
- o Training in independent living skills for district and voluntary agency staff to be provided by university contracts through the Office of Human Resource Development in the Department of Social Services.
- o The JIFY (Jobs, Independence for Youth) Project, a recently funded demonstration (\$125,000 Federal, \$212,000 Total) is targeted at runaway/homeless and foster care youth. This is a cooperative venture involving local districts and voluntary agencies and features self help as a method of instruction for teaching youth essential life skills of finding and keeping a job and learning to live independently.

The Division for Youth (DFY) has established model programs for serving youth through demonstration projects funded by the CBO Urban Home Initiative. One of these models is particularly applicable to youth ready for discharge from residential programs.

Brown Memorial Youth Residence in New York City addresses the needs of older youth for transitional services. The group home currently serves seven young people who are returning from a placement with the Division. Recognizing that many of these young people have been in placement for a long period, this program helps them readjust and adapt to the community by preparing them to become self-sufficient. The focus is on independent living skills that are considered second-nature by many adults but are an important learning process for institutionalized youth. In the right environment, the abrupt transition from placement to street which many young people encounter can be avoided.

3. Improving Discharge Planning and After-Care

The Department of Social Services, the Division for Youth, the Divisions of Parole and Corrections, the Office of Mental Health and the State Education Department should collaborate on the development of effective standards of discharge planning and suitable after-care programs for those leaving their respective residential facilities.

Effective transition from residential care to community-based living requires discharge planning to start long before the resident leaves care. The agencies listed in this recommendation need to develop Statewide standards for

discharge planning that ensure that those leaving their facilities have appropriate living situations (either with family, guardians or independently) and have the appropriate supports to make a successful transition to community life.

The Council on Children and Families is currently involved in an inter-agency effort to improve discharge planning and the delivery of after-care services with OMH, DSS, DFY and SED. This effort has so far focused on an analysis of pertinent regulations, procedures, policies and models. It should form the basis for developing a systematic approach to the linkage between residential programs and the community. It should be expanded to include the Divisions of Parole and Corrections when appropriate.

4. Regulating Family Shelters

The Department of Social Services should develop a core of regulatory standards for all kinds of emergency housing for families, and where appropriate also devise additional standards that are specific to particular types of facilities or programs.

The most desirable model for sheltering homeless families -- that is, the one that is least disruptive to the families themselves -- is one that most resembles ordinary apartments. In such a program, where families are able to do their own cooking and housekeeping, maintain their personal belongings with reasonable safety, and care for themselves and their children in a fairly private space, there is need for some Department regulation. A core set of regulatory standards is probably sufficient for such programs if it adequately protects basic safety and residents' rights, defines essential services, requires preparation for emergencies and assures compliance with local laws and codes. It is probably not realistic, however, to expect this ideal model to serve all (or even most) of the need for emergency housing at all times. The Department of Social Services should therefore be prepared to develop more stringent regulations to address the circumstances of other kinds of emergency quarters -- for example, congregate shelters. Because such quarters offer special problems (for example, group food service and dining programs) that need to be addressed in regulation, and because the potential for inadequate service may be somewhat greater, the Department should establish different levels or degrees of regulation to meet different needs.

5. Services to Victims of Domestic Violence

Increased funding should be considered to establish additional emergency shelter facilities to establish a pilot "Second Stage" housing program.

There are 48 known domestic violence shelter programs, safe homes networks and licensed special care homes in New York State. In 1983, these agencies provided some form of emergency shelter services to 8,778 persons -- comprised of 3,709 women and 5,069 children. In November 1983, the New York

State Coalition Against Domestic Violence began a data collection effort aimed at obtaining regular voluntary reporting from these same 48 programs. As of June 1984, with approximately three-quarters of these programs reporting, the Coalition reports that from November 1983 through June 1984, 4,436 individuals were sheltered.

In contrast to the number sheltered, the data available on persons refused shelter because of lack of available beds, shows that even with incomplete responses on this question, the same shelter programs report that for every two clients sheltered, at least one is turned away due to lack of available shelter space.

For most women and children made homeless because of violence, their first and immediate need is for emergency shelter and services. Housing of this type must supply not only shelter, but also an array of supportive services to help a woman and her family begin to recognize and cope with their new situation and mobilize their resources. Licensed Special Care Homes are the optimum in this kind of housing, however safe-homes networks and other forms of shelter with ancillary services are an acceptable housing option for the immediate emergency situation.

For those families who remain in the emergency shelter, the long-term housing goal becomes the establishment of an independent household. For families ready to establish independent households, finding decent, low-income housing becomes the major problem - especially when compounded by the fact that the great majority of families who leave shelters to establish their own households are public-assistance recipients.

For families lacking the emotional or financial resources necessary for successful independent living, but who have passed through the immediate crisis situation, some form of transitional supported housing - that is "second stage housing," would be the optimal housing arrangement. These families do not need the full range of expensive services available at an emergency shelter. Instead, they simply need some ongoing emotional support and some technical assistance in accomplishing financial and emotional independence. Often, a family is ready to leave an emergency shelter in a relatively brief period if limited support and housing were available. As it is now, families often stay the full 90 days allowable for lack of available alternatives.

Second stage housing would provide limited services and longer-term for women leaving emergency shelters, or those not needing the full range of 24-hour services available in a licensed shelter. Second stage housing would consist of some form of clustered housing (such as apartment units) with limited supportive services available on or off site. The goal of the services would be to enable the families to continue the transition to independent living. Second stage housing would provide families with lower cost housing than in an emergency shelter, the support of a community of peers, and the time necessary to find decent, low-income housing. Ideally, this model would be piloted in those areas having the lowest vacancy rates, and therefore posing the greatest problems for families trying to find independent living situations.

V. The Continued Need for Federal Initiatives

1. A Federal Housing Program

The federal government should appropriate funding for the construction and rehabilitation of permanent low-income housing.

The Federal Administration, in eliminating rehabilitation subsidies from the Section 8 program, has offered the unfounded explanation that the housing supply is currently adequate to meet demand and that only rent vouchers are needed to assist low-income people in finding a decent place to live. Even if that were true, the number of households benefitting from these subsidies is only a fraction of the number in need. In a state with more than 600,000 households on public assistance, where nearly half a million families lived below the poverty line in 1980, the total number of Section 8 certificates was just over 90,000. Not surprisingly, the number of families eligible and waiting for unavailable vouchers was much larger than the number who actually received them.

But in any case rent subsidies are not the only issue. In New York City, where the rate of vacant apartments is less than half what a healthy housing market requires, the search for an apartment at any price increasingly requires professional assistance. As DHCR has demonstrated, the problem is severe throughout the State.

There are no inexpensive solutions. The most efficient solution -- and the most effective -- continues to be at the Federal level.

2. Flexibility in the Food Stamp Program

USDA should allow all homeless food stamp recipients (both families and individuals) residing in New York State to use their benefits in non-traditional ways, including the purchase of restaurant meals and the purchase of meals through a communal dining service.

The Food Stamp Act of 1977 permits food stamp recipients (and their spouses) who are elderly or in receipt of SSI to be certified to use food stamps to purchase restaurant meals, communal meals and home delivered meals. Pursuant to the demonstration project authority outlined in the Food Stamp Act of 1977 (Section 17) and 7 CFR Part 282, the State Social Services Department submitted a proposal to the Federal government in June, 1984, to allow a demonstration project which permits approximately 500 homeless families in New York City who are currently housed in two hotels/motels to use food stamps to purchase prepared food at an on-premise restaurant or an on-premise communal dining service. The purpose of this project is to demonstrate that the nutritional value of the meals that homeless families eat will improve if they are permitted to get the best value for their food stamp dollars.

3. Improvements in Emergency Assistance to Families (EAF)

The Federal government should repeal the 30-day limit on the use of EAF for families and that these emergency benefits be extended to cover singles, couples and youth.

Currently, the Federal government only provides reimbursement to states to meet the emergency needs of families. This program known as Emergency Assistance to Families, is limited to the extent that it can only be authorized during one period of 30 consecutive days in any 12 month period. Yet many "at-risk" families are likely to require emergency assistance more often and for longer periods of time.

No such emergency assistance is provided by the Federal government for singles, couples or youth, despite the fact that the emergency needs of such individuals have been shown repeatedly to reflect trends over which local or regional governments have little, if any, control. Homelessness is a problem nationwide in scope and relief efforts should reflect this fact.

Because the Federal government has failed repeatedly to establish emergency assistance even for SSI recipients, New York State has filled the gap through the Emergency Assistance to Adults program (EAA) for SSI recipients or Emergency Home Relief for those falling outside the federal category of EAF. Both of these programs are State and locally funded.

CONCLUSION

"Dependent homeless persons have always been a problem in New York City and, whether by discipline or charity, or both, the attention of the public has been challenged on numerous occasions. Each time the public seems to have met the challenge in the easiest and most expedient manner, with very little reference to previous experience and with only intermittent, casual interest in the future."

Nels Anderson, The Homeless in New York City, 1934.

Taken together, this report describes an array of program proposals that, if adopted, would substantially expand the State's commitment to the alleviation of homelessness. The State has already made considerable sacrifices to that end, many of them with little or no Federal assistance.

The Homeless Housing and Assistance Program, the Emergency Assistance Rehousing Program, the development of Residential Care Centers for Adults, expansion of the Community Support Systems, the increase in the public-assistance Shelter Allowance, and other efforts described in Appendix A all represent important, long-term responses to a burgeoning problem.

These initiatives have benefitted from a recognition that homelessness is not a momentary consequence of unfavorable economic cycles. The State has already acknowledged, in the programs it now operates, that piecemeal, crisis-driven responses to the problem of homelessness do not offer the hope of a permanent solution. This point is essential: as critical as the need for emergency shelters has been, shelters are not a policy to reduce homelessness but only to cope with it.

Nevertheless, as Volume I demonstrates, the need for such emergency shelter continues to grow, apparently indifferent to the surrounding improvement in the economy. The State's efforts to assist localities in providing emergency accommodations, including the adaptation of State-owned buildings and the provision of direct outreach through OMH, are becoming increasingly demanding on both ingenuity and resources. The time available for developing and enacting permanent solutions beyond those already in place is growing short.

We have given broad compass to the possible range of State actions. Logically, however, housing remains the indispensable foundation of a comprehensive policy toward homelessness, whether preventive or remedial. But the appropriate use of such housing, and in particular the provision of accompanying social and clinical supports, will determine whether the dollars spent will translate directly into the easing of homelessness throughout the State. There is no single policy that can accomplish this. The effort in this report has been to disaggregate the problem into its component parts and to apportion responsibility accordingly. Virtually the full field of the State's human services and housing agencies has been drawn upon, in one capacity or another. Similarly, roles have been described for local and Federal government.

In conclusion, we recognize that no plan or proposal for the expenditure of public funds can be considered in isolation. Clearly, the limits of what government can do and what it can ask of its citizens is also of critical importance. Yet, there remains a commitment, confirmed repeatedly by this Administration, to deal substantively with the problems of the homeless. We hope this report and the proposals it contains will contribute to that commitment.

APPENDIX A

The following is a summary of responses by State agencies to a questionnaire on homelessness circulated by the Department of Social Services.

Department of Social Services

The Department of Social Services (DSS) has implemented several measures over the last two years to assist the homeless population directly, as well as programs that attempt to prevent homelessness among "high-risk" individuals and families.

- A. In January 1984, minimum shelter allowances for public-assistance recipients were increased by an average of 25 percent Statewide.
- B. The Homeless Housing and Assistance Program (HHAP) was enacted to provide capital funds for the construction of housing for homeless people. The program is funded at a level of \$50 million over a four year period. As a result of this initiative, over 9,000 persons will be provided with housing.
- C. An Emergency Assistance Rehousing Program (EARP) was enacted as a demonstration project in New York City that is designed to rehabilitate privately-owned and in-rem housing. Using monies which would otherwise be paid to hotel operators for emergency placements, landlords are given a lump sum payment for building renovation equal to four months rent at the hotel rate. In return, landlords provide housing for at least two years at a rent affordable to public-assistance recipients. The program has already approved 800 such units.
- D. Three Administrative Directives were issued to local social services districts which address problems of homeless families. The first clarified a local district's responsibility in providing emergency housing, the second dealt with the elimination of proration of the shelter allowance for families who share housing accommodations when necessary to prevent homelessness, and the third advises local districts of a change in food stamp budgeting that eliminates reductions of food stamp benefits to individuals in emergency hotel/motel placement.

- E. Three regulations were enacted. The first provides a waiver of the six month limit on State reimbursement for the hotel/motel rate in certain instances, the second gives an extension of room and board allowance to ADC recipients, and the third gives an extension of the monthly personal needs allowance to children in room and board placements.
- F. Hotel/motel standards were developed that must be met before a referral can be made and reimbursement by the State is provided.
- G. The Department received \$4.5 million from the Federal Emergency Management Agency and a program was designed that distributed the funds to over 100 organizations for the provision of food and shelter to the homeless.
- H. Lastly, the Department is pursuing a demonstration program that would allow homeless people to use food stamps in restaurants and communal dining facilities.

Office of Mental Health

Several major initiatives have been directed toward the mentally ill that have a previous history of hospitalization in State institutions. These services were developed by OMH with the specific intent of assuring that chronically mentally ill individuals have a range of residential and treatment options in the community. These program initiatives help protect against unnecessary hospitalization or homelessness among the mentally ill.

- A. Family Care Program: This program is the first type of residential care facility developed by OMH. It provides 24-hour supervised settings with clinical and case management services available to persons who no longer require inpatient care, yet can not function in independent living situations. As of April 1, 1984, there are 2,500 patients in such placements in 900 homes Statewide.
- B. Community Support System Program (CSS): This program provides 100 percent State money to local governments and voluntary agencies for the provision of case management services to a highly disabled population of the mentally ill. For fiscal year 1984-85 this program was funded at \$40 million and serves approximately 20,000 individuals.
- C. Community Residences: This program was initiated in 1978 and has 3,000 beds currently, with an additional 1,600 beds being added in the next two years. The current annual budget is \$27,580,000.

This program is available to mentally disabled individuals whose functional level disallows independent living in the community without residential supports. The homeless mentally disabled population would benefit from therapeutic living situations in the community where less than institutional care is provided.

- D. **Crisis Residence Program:** This program was developed in response to a need to reduce inappropriate admissions to inpatient psychiatric facilities. It is designed to provide emergency housing and support services to patients experiencing social disruption with a goal of returning these patients to a stable community living situation within 21 to 28 days. A second goal is to provide respite services to patients residing independently or in other OMH community living programs. Currently the program provides 161 beds in 13 residences, all except one of which is located on the grounds of a psychiatric center.
- E. **Residential Care Center Program (RCCA):** This year, OMH has proposed a new residential program initiative in order to expand the continuum of community based care. The initial program design provides for a 100-200 bed, indeterminate length of stay, housing program for targeted, "at risk" mentally disabled persons. Services will be available to assess residents for transitional potential and rehabilitative programming to prepare for movement into more suitable community alternatives.
- F. **Program Initiatives Specifically Targeted to the Homeless Mentally Disabled:** Although all the programs noted thus far may be available to the homeless who are mentally disabled, it is realized the unique difficulty that surrounds establishing and maintaining contact with this population. Therefore, programs are being developed to date that fall into four categories:
- 1) **Outreach Teams:** There are four outreach projects which send clinical teams out to those in the street who are mentally ill and attempt to treat or refer these individuals for care. In addition, one of the four projects is empowered to involuntarily admit patients for treatment when they are "endangered."
 - 2) **Shelter Teams:** OMH staff provide evaluation, referral and direct treatment on-site in New York City shelters. The following four programs have been established for this purpose:
 - - At eleven municipal shelters, sixteen OMH staff provide such services to the mentally disabled.
 - - At the Shelter Care Center for Men, a CSS team composed of twelve staff provide assessment/

evaluation, crisis intervention, individual and group chemotherapies and counseling.

- - At the Charles Gay Men's Shelter, eleven staff provide services similar to those described above plus medication case management.
 - - Lastly, at the Queens Care Center for Men, sixteen staff provide similar services to those described previously.
- 3) Off-Site Services: Three community programs have been directly linked to specific shelters in order to assure follow-up mental health care to be in need of mental health services.
 - 4) Housing Services: While the homeless mentally disabled may be referred to any OMH residential program, one community residence has been developed with five more on the way as a result of joint funding by the DSS Homeless Housing and Assistance Program and the OMH Community Residence Program.

In addition, OMH is proposing a Residential Care Center for Adults on the grounds of Creedmoor Psychiatric Center. The west wing of Building #4 is scheduled for renovations with the plans calling for the eventual establishment of a voluntary agency operated 200 bed RCCA for the homeless mentally disabled. The population to be referred to this RCCA will be exclusively homeless mentally disabled, and there will be greater emphasis on transitional programming into other community-based alternatives.

Division of Alcoholism and Alcohol Abuse

The Division of Alcoholism and Alcohol Abuse (DAAA) currently certifies and/or funds forty community residences in New York State with a total bed capacity of 689. It is estimated that approximately 1,950 individuals will be served through such community residences in 1984.

DAAA also certifies and funds eighteen sobering-up stations in New York State at an annual cost of \$3.5 million. It is estimated that Statewide over 30 percent of those treated in such facilities in one week are homeless. In New York City, the figures range much higher, between 40 and 52 percent.

Division of Substance Abuse Services

The Division of Substance Abuse Services (DSAS) currently funds and monitors 33 residential treatment programs with a length of stay ranging from 3 to 24 months, at an average cost of \$8,500 per bed per year. Residents receive housing, food, drug abuse treatment services, vocational rehabilitation, medical and educational services.

There is presently only one residential program that is specifically targeted to homeless individuals in New York City. Project Create, located in Harlem, currently provides housing and rehabilitative services to homeless drug abusers.

Department of Health

The Department of Health currently funds two programs that specifically serve the homeless.

A. Heart and Hypertension Project - Amount \$59,000

Purpose: The provision of hypertension detection and control services for approximately 8,000 homeless people a year.

B. Single Room Occupancy Homeless Program - Amount: \$80,000

Purpose: The provision of teams of physicians, nurses and social workers to assist residents in nine SROs and four shelter sites.

Division for Youth

The following programs are administered by the Division for Youth (DFY):

A. Youth Development and Delinquency Prevention - This program provides 50 percent matching State funds to county youth boards for the provision of various programs including youth advocacy services, employment programs, counseling and crisis intervention.

B. Special Delinquency Prevention Program - Provides up to 100 percent State reimbursement for community-based services that divert high risk youth from delinquent behavior. Support programs include crisis intervention, services for dropouts and services addressing adolescent pregnancy.

C. Runaway and Homeless Youth Act - This Statewide allocation is available to counties upon submission of a runaway plan and service proposal. The act establishes procedures and services to help protect runaway and homeless youth. These monies are provided to local governments through their youth bureaus who

may then choose to subcontract with private agencies to provide such services.

- D. Youth Service Teams - DFY also provides direct services through this program which maintains primary responsibility for the youth's reintegration back into the community after leaving a DFY residence.

State Office for the Aging

There are two programs administered by the State Office for the Aging (SOFA) that, although specifically are not geared toward the homeless, do provide assistance to that population or those who are potentially homeless.

- A. Rural Aging Services Partnership Program - This program is operating in seven rural counties. The purpose is to assist very low-income people in obtaining housing and related services through counseling assistance. In this program, a comprehensive approach is taken to assist an individual in applying and obtaining entitlements for which s/he is eligible.
- B. HUD 107 Technical Assistance Program - Technical assistance is provided to a community if the community has encountered difficulty with an existing Community Development Block Grant Project, or needs assistance in solving a specific community housing issue.

State Office of Advocate for the Disabled

The State Office of Advocate for the Disabled (SOAD) is not a direct service provider nor does it administer or regulate any programs. The agency does provide a 24-hour toll-free telephone number used for purposes of information and referral.

A recommendation put forth by SOAD to help curb the number of disabled people that are homeless is to expand eligibility of the rent exemption program now available to senior citizens on fixed incomes to include disabled individuals who are similarly on fixed incomes.

Division of Housing and Community Renewal

The Division of Housing and Community Renewal (DHCR) targets many of its programs toward providing housing to a low- and moderate-income population. There is, however, one program in particular that is more specifically targeted toward serving homeless people.

In June of 1982, the Legislature enacted the Special Needs Housing Act to provide funding for single room dwelling accommodations and appropriated \$4 million for this purpose. DHCR is authorized to provide State financial participation in municipal contracts with not-for-profit corporations, to test methods of providing for the reconstruction, rehabilitation and improvement of existing buildings to provide single room occupancy housing for persons of low income. Currently there are eleven projects Statewide; six Upstate and five in New York City.

Office of General Services

The Office of General Services (OGS) presently has neither the resources nor the legislative mandate to administer a large-scale housing program directly. However, there are several important areas in which OGS can furnish technical advice, planning and coordination in the provision of such housing.

Facilities Development Corporation

Currently the only role that the Facilities Development Corporation has in serving the homeless is through a Memorandum of Understanding entered into with the Department of Social Services to assist in the construction monitoring and evaluation of Homeless Housing and Assistance Programs.

Division of Military and Naval Affairs

Under Executive Order #116 of 1981, the Division of Military and Naval Affairs was authorized to allow State armories to be utilized for the purpose of providing emergency shelter to homeless individuals.

There are no other programs or services that are offered to homeless individuals by the Division of Military and Naval Affairs.

APPENDIX B

SURVEY OF PROVIDERS OF SHELTER TO THE HOMELESS

Directions: Please respond to each of the following questions. If exact figures are unavailable, please approximate. Completed surveys should be returned (in the pre-addressed envelope) to:

James B. Welsh, Ph.D.
Chief, Bureau of Policy Analysis and Program Evaluation
New York State Department of Social Services
Floor 16-B
40 North Pearl Street
Albany, New York 12243

If your agency does not provide shelter to the homeless, or you cannot answer the survey for some other reason, please fill out the accompanying postcard and return it.

Questions regarding the survey, or requests for clarification or assistance in its completion, should be directed to Dr. Welsh at (518) 473-8548.

For this survey, "the homeless" refers to anyone who is temporarily or permanently without shelter.

If your agency is part of a larger organization, or you have component agencies, please check with them to avoid a duplicate count of the agency's beds.

Name of Agency:

Address:

County:

Zip Code:

Telephone:

Person Completing Survey:

Title:

Date Completed:

L UTILIZATION

1. A. Does your program operate year-round? Yes ___ No ___

If "No", when does it operate? _____

B. Hours of operation: Day _____ Evening _____ Overnight _____

2. In the squares below, please indicate those services which your program provides to each of the specified types of clients:

	Meals	Bed	Info/Ref	Supportive Services
Single Men				
Single Women				
Unaccompanied Minors				
Women With Children				
Two-Parent Families				

3. What percentages of your referrals of homeless persons come from each of the following sources?

local Department of Social Services	_____ %
police	_____ %
other local governmental agencies	_____ %
state agencies	_____ %
private voluntary agencies	_____ %
self-referral (walk-ins)	_____ %
other (what? _____)	_____ %

4. Do you provide shelter directly to homeless family groups? Yes ___ No ___

If "Yes":

- A. What is the listed family group capacity? _____
- B. What is the largest number of families you sheltered at one time in the past year? _____

- C. What is the smallest number of families you sheltered at one time in the past year? _____
- D. What is the average number of families you sheltered at one time in the past year? _____

5. Do you provide shelter directly to homeless individuals? Yes ____ No ____

If "Yes":

- A. What is the listed individuals capacity? _____
- B. What is the largest number of individuals you sheltered at one time in the past year? _____
- C. What is the smallest number of individuals you sheltered at one time in the past year? _____
- D. What is the average number of individuals you sheltered at one time in the past year? _____

6. Do you purchase or arrange for shelter for family groups? Yes ____ No ____

If "Yes":

- A. What is the maximum number of such spaces available at one one time? _____
- B. What is the largest number of families for whom you purchased such lodging at any one time in the past year? _____
- C. What is the smallest number of families for whom you purchased such lodging at any one time in the past year? _____
- D. What is the average number of families for whom you purchased such lodging at any one time in the past year? _____
- E. From whom is such lodging obtained? _____

7. Do you purchase or arrange for shelter for individuals? Yes ____ No ____

If "Yes":

- A. What is the maximum number of such spaces available at one time? _____
- B. What is the largest number of individuals for whom you purchased such lodging at any one time in the past year? _____
- C. What is the smallest number of individuals for whom you purchased such lodging at any one time in the past year? _____
- D. What is the average number of individuals for whom you purchased such lodging at any one time in the past year? _____
- E. From whom is such lodging obtained? _____

II. CLIENT CHARACTERISTICS

8. Of the persons you serve, what percentages are in each of the following groups? (Persons could be in several groups, so percentages need not sum to 100%.)

	<u>Persons in Families</u>	<u>Single Persons</u>
Mentally Disabled	____ %	____ %
Physically Disabled	____ %	____ %
Substance Abusers	____ %	____ %
Victims of Domestic Violence	____ %	____ %
Migrant/Seasonal Workers	____ %	____ %
Young (Under 21)	____ %	____ %
Old (Over 60)	____ %	____ %
None of the Above	____ %	____ %

9. Of the homeless persons you serve, what percentages are in each of the following racial/ethnic groups?

	<u>Persons in Families</u>	<u>Single Persons</u>
Black	____ %	____ %
White	____ %	____ %
Hispanic	____ %	____ %
Asian	____ %	____ %
Native American	____ %	____ %
Other	____ %	____ %

10. Of the homeless persons you serve, what percentages are in the following age groups?

	<u>Males</u>	<u>Females</u>
Under 18	____ %	____ %
18-30	____ %	____ %
31-60	____ %	____ %
Over 60	____ %	____ %

11. If the racial/ethnic or the age/sex percentages among clients you serve are different for certain "special needs groups", please indicate such differences on a separate sheet of paper (for example: if the substance abusers are nearly all teenagers, or the mentally disabled are more likely to be under age 21).

12. Please estimate the percentage of your homeless clients in the following categories:
- A. Those requiring organized or institutional support programs (e.g., mentally disabled) _____ %
 - B. Those requiring limited support or cash assistance, not ready to take a job (e.g., untrained young mother with a child) _____ %
 - C. Those temporarily homeless for economic reasons, needing a job but employable (e.g., a recently unemployed steel worker) _____ %
13. Do you ask your clients the reason for their homelessness? Yes ____ No ____
14. Do you ask your clients where they came from? Yes ____ No ____
15. Prior to their becoming homeless, where did your clients live? Please estimate the percentage of your clients for each category:
- A. lived independently in own housing unit _____ %
 - B. lived in someone else's housing unit (e.g., friend's apartment) _____ %
 - C. lived in an institution _____ %
 - D. other (where? _____) _____ %
16. Where do your clients come from? Please estimate the percentage of your clients for each category:
- A. from your own city (village) _____ %
 - B. outside city, but from your own county _____ %
 - C. outside your county, elsewhere in New York State _____ %
 - D. outside New York State _____ %
17. What do you think was the primary cause of the client's becoming homeless? Please estimate the percentage of your clients associated with each cause:
- A. eviction by landlord _____ %
 - B. evicted by primary tenant in whose unit the person lived _____ %
 - C. destruction of housing unit _____ %
 - D. family disruption _____ %
 - E. discharge from institution _____ %
 - F. other _____ %

III. PROGRAM FEATURES

18. What geographic area serves as your agency's "catchment"?

19. For each of the following services, please indicate whether your clients need the service, whether you provide or arrange for the service, and (if you do not) whether you consider it a major unmet need.

	<u>Needed</u>	<u>Provide/Arrange</u>	<u>Major Unmet Need</u>
Meals	_____	_____	_____
Housing Referral	_____	_____	_____
Educational Services	_____	_____	_____
Job Training	_____	_____	_____
Psychiatric Services	_____	_____	_____
Medical Services	_____	_____	_____
Child Care	_____	_____	_____
Counseling Services	_____	_____	_____
Information on Cash Assistance	_____	_____	_____
Advocacy/Translation	_____	_____	_____
General Info and Referral	_____	_____	_____
Other (What? _____)	_____	_____	_____

20. Is there a limit on the length of time family or non-family persons may stay in your shelter? Yes ___ No ___

If "Yes", what is it? _____

If "Yes", is it mandated by governmental regulations? Yes ___ No ___

21. Is there a limit on the number of times in a given period that family or non-family persons may stay in your shelter? Yes ___ No ___

If "Yes", what is it? _____

If "Yes", is it mandated by governmental regulations? Yes ___ No ___

22. Are there any other conditions for staying in the shelter (e.g., refrain from smoking, leave for part of the day, attend therapy, perform work, etc.)?
Yes ___ No ___

If so, what are they? _____

23. What is the average length of stay for persons using your shelter?

Persons in Families _____ Single Persons _____

24. What is the average per diem cost to you to provide the shelter portion of your services (i.e., not including cost of meals or other supportive services)?
\$ _____

25. What percentage of your funding for homeless programs comes from each of these sources?

Federal Government	_____ %
State Government	_____ %
County Government	_____ %
City/Town Government	_____ %
Fees Paid by Clients	_____ %
Churches or Private Charities	_____ %
Other Non-Government Sources	_____ %

26. Which of the following persons do you normally exclude from your shelter?

_____	those mentally disabled
_____	those under influence of drugs
_____	those under influence of alcohol
_____	those unkempt, lice-ridden, etc.
_____	those physically disabled
_____	those with multiple problems
_____	families with more than 3 children
_____	those from out-of-town
_____	others (who? _____)

IV. UNMET NEED

27. On an average night during the past year, how many families and single persons (whom you would normally shelter) did you turn away for lack of space?

Families _____ Single Persons _____

If this average fluctuates by season:

Average low-season turnaways _____ (Month _____)

Average high-season turnaways _____ (Month _____)

Highest number of turnaways at one time _____

28. From your knowledge of your catchment area, what would you estimate to be the largest number of people in that area who are in need of shelter at any one time for whom no shelter is available? _____

29. Where do those people sleep in the community? _____

30. In the past three years, by what percentage would you estimate the increase in the number of homeless people seeking aid from your agency? _____

31. Was there any particular time in the past three years when you saw a very sharp increase in the number of homeless people seeking help from your agency? Yes ____ No ____

If "Yes", when? _____

32. What percentage of clients leave your shelter for permanent housing? _____

If any, how many of those return to your shelter within a year? (circle one)

less than 1/4 1/4 1/2 3/4 more than 3/4

33. When they leave your shelter, what percentage of your clients:

A. go to another shelter	_____ %
B. return to the street	_____ %
C. return to housing arrangement from which they came	_____ %
D. go to a hospital or treatment facility	_____ %
E. other (what? _____)	_____ %

IV. MISCELLANEOUS

34. Are there other resources or services which need to be developed or expanded to help in addressing the needs of homeless persons in your area? What?

35. Please attach any additional comments you wish to make regarding the needs of the homeless in the State and recommendations for meeting them.

36. If you have the information, please provide us a list of other agencies in your area that provide shelter to the homeless: (attach additional sheets, if necessary)

37. Check here if you want a copy of the results of the survey: _____

APPENDIX C

Table 1

Programs Providing Shelter to Families and Single Persons
Directly or by Purchase or Arrangement

For All Respondents*

Geographic Areas	Total Programs	Sheltering Families		Sheltering Single Persons					
		Direct	Arranged	Direct	Arranged				
		#	%	#	%	#	%		
New York City	90	15	16.7%	16	17.8%	62	68.9%	40	44.4%
NYC Suburbs	25	9	36.0%	14	56.0%	17	68.0%	14	56.0%
Albany	18	2	11.1%	9	50.0%	9	50.0%	14	77.8%
Syracuse	13	5	38.5%	5	38.5%	10	76.9%	4	30.8%
Rochester	19	8	42.1%	10	52.6%	11	57.9%	11	57.9%
Buffalo	14	6	42.9%	7	50.0%	9	64.3%	9	64.3%
Southern Tier	30	8	26.7%	21	70.0%	12	40.0%	24	80.0%
Catskills	20	7	35.0%	12	60.0%	7	35.0%	16	80.0%
Adirondacks	21	6	28.6%	15	71.4%	8	38.1%	17	81.0%
Statewide	250	66	26.4%	109	43.6%	145	58.0%	149	59.6%

*All respondents reported on this question.

Table 2

Nightly Average Number of Persons Sheltered
by Direct Provision or by Purchase or Arrangement

For All Respondents*

<u>Geographic Area</u>	<u>Persons in Families</u>		<u>Single Persons</u>	
	<u>Direct</u>	<u>Arranged</u>	<u>Direct</u>	<u>Arranged</u>
New York City	965	8,514	6,003	1,217
NYC Suburbs	157	582	171	109
Albany	16	77	190	27
Syracuse	38	16	374	13
Rochester	70	138	198	129
Buffalo	61	99	210	22
Southern Tier	38	128	121	39
Catskills	61	134	31	54
Adirondacks	38	64	67	38
Statewide	1,445	9,752	7,365	1,648

*All respondents reported on this question.

Table 3

Programs Operating Year-Round and Associated Shelter Beds

For All Respondents

<u>Geographic Area</u>	<u>Total</u>		<u>Year-Round</u>		<u>Not Reporting</u>	
	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>
New York City	90	16,699	61	16,420	1	0.0%
NYC Suburbs	25	1,019	22	985	1	0.0%
Albany	18	310	16	263	2	15.2%
Syracuse	13	441	13	441	0	0.0%
Rochester	19	535	16	406	1	3.3%
Buffalo	14	392	14	392	0	0.0%
Southern Tier	30	326	28	283	1	2.3%
Catskills	20	280	20	280	0	0.0%
Adirondacks	21	207	20	199	0	0.0%
Statewide	250	20,210	210	19,670	6	0.4%

For Respondents Reporting on the Question

<u>Geographic Area</u>	<u>Year-Round Operation</u>	
	<u>Programs</u>	<u>Beds</u>
New York City	68.5%	98.3%
NYC Suburbs	91.7%	96.7%
Albany	100.0%	100.0%
Syracuse	100.0%	100.0%
Rochester	88.9%	78.5%
Buffalo	100.0%	100.0%
Southern Tier	96.6%	88.7%
Catskills	100.0%	100.0%
Adirondacks	95.2%	95.9%
Statewide	86.1%	97.7%

Table 4

Programs Operating in Various Seasons and Associated Shelter Beds
For All Respondents

Geographic Area	Total		Winter		Spring		Summer		Fall		Not Reporting	
	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds
New York City	90	16,699	84	16,644	73	16,575	61	16,420	68	16,490	1	1.1%
NYC Suburbs	25	1,019	23	1,004	23	1,000	22	985	23	1,004	1	4.0%
Albany	18	310	16	263	16	263	16	263	16	263	2	11.1%
Syracuse	13	441	13	441	13	441	13	441	13	441	0	0.0%
Rochester	19	535	17	443	18	517	16	406	17	480	0	0.0%
Buffalo	14	392	14	392	14	392	14	392	14	392	0	0.0%
Southern Tier	30	326	29	319	29	319	29	319	28	283	1	3.3%
Catskills	20	280	20	280	20	280	20	280	20	280	0	0.0%
Adirondacks	21	207	21	207	21	207	20	199	21	207	0	0.0%
Statewide	250	20,210	237	19,995	227	19,995	211	19,706	220	19,841	6	2.4%
											73	0.4%

Geographic Area	Winter		Spring		Summer		Fall	
	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds
New York City	94.4%	99.7%	82.0%	99.3%	68.5%	98.3%	76.4%	98.8%
NYC Suburbs	95.8%	98.5%	95.8%	98.1%	91.7%	96.7%	95.8%	98.5%
Albany	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Syracuse	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Rochester	94.4%	85.7%	100.0%	100.0%	88.9%	78.5%	94.4%	92.8%
Buffalo	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Southern Tier	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	88.7%
Catskills	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Adirondacks	100.0%	100.0%	100.0%	100.0%	95.2%	95.9%	100.0%	100.0%
Statewide	97.1%	99.3%	93.0%	99.3%	86.5%	97.9%	90.2%	98.5%

For Respondents Reporting on the Question

Table 5

Hours of Operation for Programs and Associated Shelter Beds
For All Respondents

Geographic Area	Total		Open Days		Open Evenings		Open Overnight		Not Reporting	
	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds
New York City	90	16,699	51	16,282	51	16,318	70	16,558	4	4.4%
NYC Suburbs	25	1,019	20	967	15	923	17	953	3	12.0%
Albany	18	310	16	295	11	209	11	223	1	5.6%
Syracuse	13	441	11	392	11	392	12	438	1	7.7%
Rochester	19	535	16	406	11	293	13	342	1	5.3%
Buffalo	14	392	14	392	11	300	10	295	0	0.0%
Southern Tier	30	326	22	213	14	120	17	140	3	10.0%
Catskills	20	280	19	243	14	179	11	161	1	5.0%
Adirondacks	21	207	18	180	14	164	12	155	0	0.0%
Statewide	250	20,210	187	19,371	152	18,898	173	19,265	14	5.6%

For Respondents Reporting on the Question

Geographic Area	Open Days		Open Evenings		Open Overnight	
	Programs	Beds	Programs	Beds	Programs	Beds
New York City	59.3%	97.6%	59.3%	97.9%	81.4%	99.3%
NYC Suburbs	90.9%	97.0%	68.2%	92.5%	73.7%	95.6%
Albany	94.1%	95.1%	64.7%	67.3%	64.7%	71.9%
Syracuse	91.7%	89.5%	91.7%	89.5%	100.0%	100.0%
Rochester	88.9%	78.5%	61.1%	56.6%	72.2%	66.1%
Buffalo	100.0%	100.0%	78.6%	76.5%	71.4%	75.2%
Southern Tier	81.5%	77.9%	51.9%	43.9%	63.0%	51.3%
Catskills	100.0%	100.0%	73.7%	73.6%	57.9%	66.3%
Adirondacks	85.7%	87.0%	66.7%	78.9%	57.1%	74.8%
Statewide	79.2%	96.6%	64.4%	94.2%	73.3%	96.1%

Table 6

Subgroups Among Sheltered Persons in Families

For All Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>Mentally Disabled</u>	<u>Physically Disabled</u>	<u>Substance Abuse</u>	<u>Domestic Violence</u>	<u>Not Reporting*</u>
New York City	9,479	24	15	63	270	8,543
NYC Suburbs	739	29	6	73	64	80
Albany	93	12	11	11	23	3
Syracuse	54	2	1	4	10	3
Rochester	208	4	3	14	39	22
Buffalo	160	2	2	7	53	64
Southern Tier	166	3	2	11	25	16
Catskills	195	41	5	22	63	13
Adirondacks	102	5	4	17	31	3
Statewide	11,197	123	49	220	579	8,748
						78.1%

For Respondents Reporting on the Question*

<u>Geographic Area</u>	<u>Mentally Disabled</u>	<u>Physically Disabled</u>	<u>Substance Abuse</u>	<u>Domestic Violence</u>
New York City	2.6%	1.6%	6.7%	28.9%
NYC Suburbs	4.4%	1.0%	11.1%	9.7%
Albany	13.6%	12.8%	11.8%	26.1%
Syracuse	4.4%	2.2%	7.5%	20.2%
Rochester	2.0%	1.6%	7.3%	20.8%
Buffalo	1.9%	1.7%	7.2%	55.2%
Southern Tier	2.2%	1.0%	7.1%	16.7%
Catskills	22.7%	2.8%	11.8%	34.6%
Adirondacks	5.4%	3.8%	17.1%	31.5%
Statewide	5.0%	2.0%	9.0%	23.6%

*Data not available for families in public shelters in New York City.

Subgroups Among Sheltered Single Persons

For All Respondents

Geographic Area	Total	Mentally Disabled	Physically Disabled	Substance Abuse	Domestic Violence	Not Reporting*
New York City	7,220	2,380	634	2,374	175	75
NYC Suburbs	280	101	12	59	33	55
Albany	217	47	15	72	34	18
Syracuse	387	79	36	145	27	1
Rochester	327	51	23	90	20	92
Buffalo	232	20	4	63	54	5
Southern Tier	160	36	13	51	8	6
Catskills	85	39	4	20	12	3
Adirondacks	105	27	4	25	16	4
Statewide	9,013	2,781	743	2,898	379	259

For Respondents Reporting to the Question

Geographic Area	Mentally Disabled	Physically Disabled	Substance Abuse	Domestic Violence
New York City	33.3%	8.9%	33.2%	2.5%
NYC Suburbs	45.1%	5.3%	26.2%	14.4%
Albany	23.5%	7.4%	36.2%	17.3%
Syracuse	20.4%	9.2%	37.6%	6.9%
Rochester	21.7%	9.8%	38.1%	8.3%
Buffalo	9.0%	1.6%	27.7%	23.8%
Southern Tier	23.6%	8.3%	33.4%	5.5%
Catskills	47.1%	4.5%	24.3%	14.8%
Adirondacks	26.7%	3.5%	24.5%	16.2%
Statewide	31.8%	8.5%	33.1%	4.3%

Table 7

Table 8

Racial/Ethnic Characteristics of
Sheltered Persons in Families

For All Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>Black</u>	<u>White</u>	<u>Hispanic</u>	<u>Other</u>	<u>Not Reporting</u>	
New York City	9,479	5,401	283	3,171	96	528	5.6%
NYC Suburbs	739	240	331	68	14	87	11.7%
Albany	93	12	38	1	0	42	44.8%
Syracuse	54	17	32	1	2	3	6.0%
Rochester	208	50	42	5	2	109	52.3%
Buffalo	160	37	49	5	5	64	40.2%
Southern Tier	166	11	92	2	22	40	24.1%
Catskills	195	53	107	11	2	22	11.5%
Adirondacks	102	8	87	2	2	3	3.0%
Statewide	11,197	5,827	1,061	3,266	145	898	8.0%

For Respondents Reporting on the Question

<u>Geographic Area</u>	<u>Black</u>	<u>White</u>	<u>Hispanic</u>	<u>Other</u>
New York City	60.3%	3.2%	35.4%	1.1%
NYC Suburbs	36.7%	50.7%	10.4%	2.1%
Albany	22.9%	73.7%	2.9%	0.5%
Syracuse	32.4%	62.8%	1.1%	3.7%
Rochester	50.3%	42.4%	5.0%	2.4%
Buffalo	38.2%	51.5%	5.2%	5.2%
Southern Tier	8.5%	72.7%	1.7%	17.1%
Catskills	30.5%	62.0%	6.6%	0.9%
Adirondacks	7.9%	87.1%	2.4%	2.5%
Statewide	56.6%	10.3%	31.7%	1.4%

Table 9

Racial/Ethnic Characteristics of
Sheltered Single Persons

For All Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>Black</u>	<u>White</u>	<u>Hispanic</u>	<u>Other</u>	<u>Not Reporting</u>	
New York City	7,220	4,147	1,468	1,306	37	262	3.6%
NYC Suburbs	280	59	137	15	11	58	20.7%
Albany	217	37	147	7	13	14	6.5%
Syracuse	387	122	227	13	13	12	3.1%
Rochester	327	63	96	8	6	154	47.1%
Buffalo	232	65	146	6	10	5	2.2%
Southern Tier	160	15	121	4	5	15	9.2%
Catskills	85	22	41	7	0	14	16.7%
Adirondacks	105	7	81	7	1	8	7.2%
Statewide	9,013	4,536	2,465	1,374	97	542	6.0%

For Respondents Reporting on the Question

<u>Geographic Area</u>	<u>Black</u>	<u>White</u>	<u>Hispanic</u>	<u>Other</u>
New York City	59.6%	21.1%	18.8%	0.5%
NYC Suburbs	26.4%	61.8%	6.7%	5.1%
Albany	18.2%	72.4%	3.3%	6.2%
Syracuse	32.5%	60.5%	3.6%	3.4%
Rochester	36.1%	55.6%	4.6%	3.7%
Buffalo	28.6%	64.5%	2.6%	4.3%
Southern Tier	10.4%	83.1%	3.1%	3.4%
Catskills	31.2%	58.2%	10.2%	0.5%
Adirondacks	7.6%	83.6%	7.6%	1.1%
Statewide	53.5%	29.1%	16.2%	1.1%

Table 10

Age of Sheltered Persons
For A11 Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>Under 18</u>	<u>18 to 30</u>	<u>31 to 60</u>	<u>Over 60</u>	<u>Not Reporting</u>
New York City	16,699	410	2,661	4,075	433	9,120
NYC Suburbs	1,019	52	41	33	4	889
Albany	310	26	94	93	27	70
Syracuse	441	7	66	63	50	255
Rochester	535	39	63	62	6	365
Buffalo	392	19	83	81	16	193
Southern Tier	326	4	28	21	3	270
Catskills	280	43	39	32	7	159
Adirondacks	207	1	1	3	0	202
Statewide	20,210	602	3,077	4,461	546	11,523
						57.0%
<u>Geographic Area</u>		<u>Under 18</u>	<u>18 to 30</u>	<u>31 to 60</u>	<u>Over 60</u>	
New York City		5.4%	35.1%	53.8%	5.7%	
NYC Suburbs		40.3%	31.3%	25.3%	3.2%	
Albany		10.9%	39.3%	38.8%	11.1%	
Syracuse		3.9%	35.3%	33.8%	26.9%	
Rochester		23.2%	36.8%	36.3%	3.6%	
Buffalo		9.4%	41.9%	40.6%	8.1%	
Southern Tier		7.7%	50.3%	36.3%	5.7%	
Catskills		35.5%	32.5%	26.1%	5.9%	
Adirondacks		16.5%	27.8%	54.5%	1.2%	
Statewide		6.9%	35.4%	51.4%	6.3%	

For Respondents Reporting on the Question

Table 11

Sex of Sheltered Homeless Persons

For All Respondents

Geographic Area	Persons in Families				Single Persons			
	Total	Male	Female	Not Reporting	Total	Male	Female	Not Reporting
New York City	9,479	2,804	6,362	313	7,220	5,691	1,164	365
NYC Suburbs	739	36	32	672	280	28	35	217
Albany	93	40	20	32	217	103	93	21
Syracuse	54	1	5	48	387	305	46	36
Rochester	208	34	43	131	327	63	30	234
Buffalo	160	13	57	90	232	68	60	103
Southern Tier	166	6	20	141	160	20	11	129
Catskills	195	42	44	109	85	17	18	50
Adirondacks	102	2	1	99	105	2	0	103
Statewide	11,197	2,978	6,584	1,635	9,013	6,297	1,458	1,258
				14.6%				14.0%

For Respondents Reporting on the Question

Geographic Area	Persons in Families		Single Persons	
	Male	Female	Male	Female
New York City	30.6%	69.4%	83.0%	17.0%
NYC Suburbs	52.9%	47.1%	44.8%	55.2%
Albany	66.5%	33.5%	52.3%	47.7%
Syracuse	17.0%	83.0%	87.0%	13.0%
Rochester	44.0%	56.0%	67.3%	32.7%
Buffalo	19.1%	80.9%	53.1%	46.9%
Southern Tier	23.0%	77.0%	63.2%	36.8%
Catskills	48.7%	51.3%	49.7%	50.3%
Adirondacks	68.0%	32.0%	90.0%	10.0%
Statewide	31.1%	68.9%	81.2%	18.8%

Table 12

Living Arrangements of Sheltered Homeless Prior to HomelessnessFor All Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>In Own House or Apartment</u>	<u>In Other's House or Apartment</u>	<u>In Institution</u>	<u>Other</u>	<u>Not Reporting</u>
New York City	16,699	6,136	6,064	894	3,442	162
NYC Suburbs	1,019	540	281	145	33	20
Albany	310	108	66	53	71	12
Syracuse	441	148	97	60	124	12
Rochester	535	143	182	66	64	80
Buffalo	392	134	75	85	17	81
Southern Tier	326	120	113	45	19	29
Catskills	280	187	33	36	9	15
Adirondacks	207	108	55	27	13	4
Statewide	20,210	7,624	6,968	1,411	3,792	415
						2.1%

For Respondents Reporting on the Question

<u>Geographic Area</u>	<u>In Own House or Apartment</u>	<u>In Other's House or Apartment</u>	<u>In Institution</u>	<u>Other</u>
New York City	37.1%	36.7%	5.4%	20.8%
NYC Suburbs	54.1%	28.1%	14.5%	3.3%
Albany	36.3%	22.3%	17.7%	23.8%
Syracuse	34.5%	22.6%	14.1%	28.8%
Rochester	31.4%	40.0%	14.6%	14.0%
Buffalo	43.0%	24.2%	27.4%	5.3%
Southern Tier	40.3%	38.0%	15.2%	6.5%
Catskills	70.6%	12.6%	13.5%	3.3%
Adirondacks	53.1%	27.2%	13.2%	6.5%
Statewide	38.5%	35.2%	7.1%	19.2%

Geographic Source of Sheltered Homeless Persons

For All Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>Same County* as Shelter</u>	<u>Another County in State</u>	<u>Out of State</u>	<u>Not Reporting</u>
New York City	16,699	14,689	197	1,738	74
NYC Suburbs	1,019	866	69	33	52
Albany	310	213	57	36	4
Syracuse	441	310	87	34	10
Rochester	535	396	37	24	78
Buffalo	392	339	26	22	5
Southern Tier	326	171	60	84	12
Catskills	280	234	23	9	13
Adirondacks	207	139	41	27	0
Statewide	20,210	17,358	598	2,007	247

For Respondents Reporting on the Question

<u>Geographic Area</u>	<u>Same County* as Shelter</u>	<u>Another County in State</u>	<u>Out of State</u>
New York City	88.4%	1.2%	10.5%
NYC Suburbs	89.5%	7.2%	3.4%
Albany	69.6%	18.7%	11.6%
Syracuse	71.9%	20.1%	8.0%
Rochester	86.6%	8.1%	5.3%
Buffalo	87.6%	6.6%	5.8%
Southern Tier	54.5%	19.0%	26.5%
Catskills	87.7%	8.8%	3.5%
Adirondacks	67.2%	19.9%	13.0%
Statewide	86.9%	3.0%	10.1%

*For purposes of this table, New York City is treated as a single "county".

Table 13

Table 14

Reported Cause of Homelessness for Sheltered Homeless Persons in Families

For All Respondents

Geographic Area	Total	Evicted by Landlord	Evicted by Primary Tenant	Home Destroyed	Family Disruption	Institutional Discharge	Other	Not Reporting
New York City	9,479	2,141	4,947	474	229	19	1,633	34
NYC Suburbs	739	396	138	37	72	63	20	13
Albany	93	25	16	16	22	8	5	2
Syracuse	54	4	7	1	10	2	24	6
Rochester	208	68	26	18	35	21	23	16
Buffalo	160	47	15	14	59	14	12	0
Southern Tier	166	59	24	8	38	6	18	14
Catskills	195	70	11	18	60	15	20	0
Adirondacks	102	13	16	5	32	12	24	1
Statewide	11,197	2,823	5,200	591	558	160	1,778	86
								0.8%

For Respondents Reporting on the Question

Geographic Area	Evicted by Landlord	Evicted by Primary Tenant	Home Destroyed	Family Disruption	Institutional Discharge	Other
New York City	22.7%	52.4%	5.0%	2.4%	0.2%	17.3%
NYC Suburbs	54.6%	19.0%	5.1%	9.9%	8.7%	2.7%
Albany	27.7%	17.2%	17.6%	24.2%	8.4%	5.0%
Syracuse	7.7%	14.3%	1.3%	21.6%	4.3%	50.7%
Rochester	35.4%	13.6%	9.5%	18.5%	11.0%	12.0%
Buffalo	29.3%	9.4%	8.6%	36.8%	8.6%	7.3%
Southern Tier	38.4%	15.7%	5.4%	25.1%	3.7%	11.6%
Catskills	36.1%	5.8%	9.4%	30.7%	7.7%	10.4%
Adirondacks	12.5%	15.9%	4.6%	31.6%	11.9%	23.5%
Statewide	25.4%	46.8%	5.3%	5.0%	1.4%	16.0%

Table 15

Reported Cause of Homelessness for Sheltered Single Persons
For All Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>Evicted by Landlord</u>	<u>Evicted by Primary Tenant</u>	<u>Home Destroyed</u>	<u>Family Disruption</u>	<u>Institutional Discharge</u>	<u>Other</u>	<u>Not Reporting</u>
New York City	7,220	1,202	1,693	52	393	316	2,544	1,022
NYC Suburbs	280	52	30	8	57	62	47	23
Albany	217	21	22	9	45	57	55	8
Syracuse	387	35	52	2	103	66	128	0
Rochester	327	65	39	36	52	31	24	0
Buffalo	232	24	24	3	114	16	45	5
Southern Tier	160	24	20	3	27	43	38	6
Catskills	85	32	4	6	24	9	8	2
Adirondacks	105	13	19	6	29	16	21	0
Statewide	9,013	1,468	1,902	127	845	616	2,910	1,145
								12.7%

<u>For Respondents Reporting on the Question</u>							
<u>Geographic Area</u>	<u>Evicted by Landlord</u>	<u>Evicted by Primary Tenant</u>	<u>Home Destroyed</u>	<u>Family Disruption</u>	<u>Institutional Discharge</u>	<u>Other</u>	
New York City	19.4%	27.3%	0.8%	6.3%	5.1%	41.0%	
NYC Suburbs	20.2%	11.8%	3.3%	22.2%	24.3%	18.2%	
Albany	10.1%	10.5%	4.4%	21.4%	27.3%	26.3%	
Syracuse	8.9%	13.5%	0.6%	26.7%	17.1%	33.1%	
Rochester	26.4%	15.6%	14.7%	21.1%	12.5%	9.7%	
Buffalo	10.7%	10.4%	1.5%	50.2%	7.1%	20.0%	
Southern Tier	15.5%	12.9%	2.0%	17.6%	27.7%	24.4%	
Catskills	38.0%	4.8%	7.7%	29.2%	10.5%	9.8%	
Adirondacks	12.7%	17.9%	5.6%	28.0%	15.6%	20.2%	
Statewide	18.7%	24.2%	1.6%	10.7%	7.8%	37.0%	

Table 16

Reported Self-Sufficiency of Sheltered PersonsFor All Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>Need Institutional Support</u>	<u>Need Cash Asst. or Limited Support</u>	<u>Employable, Need Job</u>	<u>Not Reporting*</u>
New York City	16,699	2,389	1,579	1,893	10,838
NYC Suburbs	1,019	192	631	99	94
Albany	310	97	83	19	110
Syracuse	441	193	79	55	114
Rochester	535	82	111	150	192
Buffalo	392	41	110	122	119
Southern Tier	326	58	110	92	67
Catskills	280	70	103	92	14
Adirondacks	207	25	89	60	35
Statewide	20,210	3,148	2,894	2,583	11,585
					57.3%
					16.6%
					5.0%
					20.4%
					30.3%
					36.0%
					25.8%
					35.6%
					9.5%
					64.9%

For Respondents Reporting on the Question*

<u>Geographic Area</u>	<u>Need Institutional Support</u>	<u>Need Cash Asst. or Limited Support</u>	<u>Employable, Need Job</u>
New York City	40.8%	26.9%	32.3%
NYC Suburbs	20.8%	68.5%	10.7%
Albany	48.8%	41.6%	9.6%
Syracuse	58.9%	24.2%	16.9%
Rochester	23.9%	32.3%	43.8%
Buffalo	14.9%	40.3%	44.8%
Southern Tier	22.5%	42.2%	35.3%
Catskills	26.5%	38.8%	34.7%
Adirondacks	14.2%	51.2%	34.6%
Statewide	36.5%	33.6%	29.9%

*Data not available for families in public shelters in New York City.

Table 17

Programs Providing Beds for Specified Types of Persons and Associated Shelter Beds

For All Respondents

Geographic Area	Total		Single Men Only		Single Women Only		Single Adults Only		All Types*		Not Reporting	
	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds
New York City	90	16,699	25	359	9	146	18	6,083	2	190	17	18.9%
NYC Suburbs	25	1,019	0	0	1	11	2	67	4	693	7	28.0%
Albany	18	310	2	71	0	0	3	61	3	51	7	38.9%
Syracuse	13	441	2	129	0	0	1	190	2	14	0	0.0%
Rochester	19	535	2	50	0	0	1	37	4	27	3	15.8%
Buffalo	14	392	1	61	0	0	1	9	3	86	3	21.4%
Southern Tier	30	326	1	0	0	0	3	53	8	123	8	26.7%
Catskills	20	280	0	0	0	0	0	0	7	170	8	40.0%
Adirondacks	21	207	0	0	0	0	2	1	9	66	4	19.0%
Statewide	250	20,210	33	670	10	157	31	6,502	42	1,420	57	22.8%
											648	3.2%

For Respondents Reporting on the Question

Geographic Area	Single Men Only		Single Women Only		Single Adults Only		All Types*	
	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds
New York City	34.2%	2.2%	12.3%	0.9%	24.7%	36.8%	2.7%	1.2%
NYC Suburbs	0.0%	0.0%	5.6%	1.1%	11.1%	6.9%	22.2%	71.0%
Albany	18.2%	28.9%	0.0%	0.0%	27.3%	24.7%	27.3%	20.6%
Syracuse	15.4%	29.2%	0.0%	0.0%	7.7%	43.0%	15.4%	3.1%
Rochester	12.5%	13.4%	0.0%	0.0%	6.2%	9.9%	25.0%	23.0%
Buffalo	9.1%	20.3%	0.0%	0.0%	9.1%	3.0%	27.3%	9.1%
Southern Tier	4.5%	0.0%	0.0%	0.0%	13.6%	18.6%	36.4%	43.2%
Catskills	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	58.3%	73.6%
Adirondacks	0.0%	0.0%	0.0%	0.0%	11.8%	0.5%	52.9%	35.4%
Statewide	17.1%	3.4%	5.2%	0.8%	16.1%	33.2%	21.8%	7.3%

*All Types" means program provides beds for single men, single women, unaccompanied minors, women with children, and two-parent families.

Table 18

Source of Referrals to Shelter Programs
(Based on Average Nightly Beds)

For All Respondents

<u>Geographic Area</u>	<u>Total</u>	<u>Referred by Local DSS</u>	<u>Referred by Police</u>	<u>Referred by Local Govt.</u>	<u>Referred by State Govt.</u>	<u>Referred by Private Agencies</u>	<u>Self Referral</u>	<u>Other Referral</u>	<u>Not Reporting</u>
New York City	16,699	1,021	492	419	37	676	10,388	3,426	240
NYC Suburbs	1,019	79	58	79	56	89	631	20	7
Albany	310	33	14	11	9	66	142	13	22
Syracuse	441	40	38	14	3	76	225	38	7
Rochester	535	82	17	5	1	33	107	19	271
Buffalo	392	30	34	7	3	92	114	42	69
Southern Tier	326	96	25	9	3	20	140	9	23
Catskills	280	72	29	12	5	34	98	3	16
Adirondacks	207	35	18	12	9	16	77	23	16
Statewide	20,210	1,489	725	578	128	1,103	11,922	3,594	672

For Respondents Reporting on the Question

<u>Geographic Area</u>	<u>Referred by Local DSS</u>	<u>Referred by Police</u>	<u>Referred by Local Govt.</u>	<u>Referred by State Govt.</u>	<u>Referred by Private Agencies</u>	<u>Self Referral</u>	<u>Other Referral</u>
New York City	6.2%	3.0%	2.5%	0.2%	4.1%	63.1%	20.8%
NYC Suburbs	7.8%	5.7%	7.8%	5.6%	8.8%	62.3%	2.0%
Albany	11.5%	4.7%	3.7%	3.0%	22.9%	49.5%	4.7%
Syracuse	9.1%	8.8%	3.3%	0.6%	17.5%	51.9%	8.8%
Rochester	31.0%	6.5%	1.8%	0.5%	12.5%	40.4%	7.3%
Buffalo	9.4%	10.6%	2.1%	1.1%	28.6%	35.4%	12.9%
Southern Tier	31.7%	8.4%	3.0%	1.0%	6.6%	46.1%	3.0%
Catskills	27.4%	11.0%	8.5%	2.0%	12.9%	37.0%	1.2%
Adirondacks	18.5%	9.4%	6.4%	4.9%	8.3%	40.4%	12.0%
Statewide	7.6%	3.7%	3.0%	0.7%	5.6%	61.0%	18.4%

Sources of Funding for Shelter Beds

For All Respondents

Geographic Area	Share of Funding						
	Total Beds	Federal	State	Local Govt.	Client Fees	Charities	Other
New York City	16,699	27.2%	30.5%	34.9%	0.3%	2.6%	2.3%
NYC Suburbs	1,019	32.5%	19.3%	26.3%	3.0%	6.1%	2.9%
Albany	310	3.5%	1.7%	14.9%	22.9%	5.0%	24.9%
Syracuse	441	3.8%	8.3%	11.9%	32.8%	26.2%	5.0%
Rochester	535	1.6%	0.7%	16.5%	0.4%	31.1%	16.6%
Buffalo	392	4.8%	2.4%	27.1%	12.4%	20.2%	14.4%
Southern Tier	326	4.8%	32.8%	9.1%	3.8%	10.9%	15.1%
Catskills	280	22.3%	24.6%	13.7%	0.1%	13.2%	5.4%
Adirondacks	207	1.9%	5.9%	8.7%	4.5%	26.1%	36.8%
Statewide	20,210	24.9%	27.4%	32.0%	1.8%	5.0%	3.9%
							5.1%

For Respondents Reporting on the Question

Geographic Area	Share of Funding					
	Federal	State	Local Govt.	Client Fees	Charities	Other
New York City	27.8%	31.2%	35.6%	0.3%	2.7%	2.3%
NYC Suburbs	36.1%	21.4%	29.2%	3.3%	6.8%	3.3%
Albany	4.8%	2.3%	20.5%	31.4%	6.8%	34.1%
Syracuse	4.3%	9.4%	13.5%	37.3%	29.8%	5.7%
Rochester	2.3%	1.1%	24.6%	0.7%	46.5%	24.8%
Buffalo	5.9%	2.9%	33.3%	15.2%	24.9%	17.8%
Southern Tier	6.3%	43.0%	11.9%	4.9%	14.3%	19.7%
Catskills	28.1%	31.0%	17.3%	0.1%	16.6%	6.8%
Adirondacks	2.3%	7.0%	10.4%	5.3%	31.1%	43.9%
Statewide	26.1%	28.9%	33.7%	1.5%	5.2%	4.1%

Table 19

Table 20

Programs That Exclude Specified Types of Clients
and Their Associated Shelter Beds

Based on Programs*

Geographic Area	Total	Exclude Mentally Disabled		Exclude Drug Abusers		Exclude Alcohol Abusers		Exclude Unkempt	
		#	%	#	%	#	%	#	%
New York City	90	37	41.1%	61	67.8%	56	62.2%	29	32.2%
NYC Suburbs	25	5	20.0%	15	60.0%	15	60.0%	3	12.0%
Albany	18	4	22.2%	10	55.6%	9	50.0%	5	27.8%
Syracuse	13	4	30.8%	8	61.5%	6	46.2%	1	7.7%
Rochester	19	5	26.3%	7	36.8%	7	36.8%	1	5.3%
Buffalo	14	1	7.1%	7	50.0%	6	42.9%	3	21.4%
Southern Tier	30	5	16.7%	15	50.0%	14	46.7%	5	16.7%
Catskills	20	2	10.0%	8	40.0%	8	40.0%	1	5.0%
Adirondacks	21	5	23.8%	9	42.9%	9	42.9%	3	14.3%
Statewide	250	68	27.2%	140	56.0%	130	52.0%	51	20.4%

Geographic Area	Exclude Physically Disabled		Exclude Multiple Problems		Exclude Fam. With More Than 3 Kids		Exclude Out-of- Town		Exclude Other	
	#	%	#	%	#	%	#	%	#	%
New York City	21	23.3%	15	16.7%	37	41.1%	5	5.6%	12	13.3%
NYC Suburbs	0	0.0%	0	0.0%	6	24.0%	0	0.0%	5	20.0%
Albany	4	22.2%	1	5.6%	5	27.8%	0	0.0%	2	11.1%
Syracuse	1	7.7%	2	15.4%	5	38.5%	1	7.7%	4	30.8%
Rochester	4	21.1%	2	10.5%	3	15.8%	0	0.0%	3	15.8%
Buffalo	0	0.0%	1	7.1%	2	14.3%	1	7.1%	2	14.3%
Southern Tier	5	16.7%	3	10.0%	5	16.7%	2	6.7%	3	10.0%
Catskills	2	10.0%	0	0.0%	0	0.0%	0	0.0%	3	15.0%
Adirondacks	2	9.5%	1	4.8%	2	9.5%	1	4.8%	1	4.8%
Statewide	39	15.6%	25	10.0%	65	26.0%	10	4.0%	35	14.0%

Based on Shelter Beds*

Geographic Area	Total	Exclude Mentally Disabled		Exclude Drug Abusers		Exclude Alcohol Abusers		Exclude Unkempt	
		#	%	#	%	#	%	#	%
New York City	16,699	1,271	7.6%	2,235	13.4%	1,954	11.7%	777	4.7%
NYC Suburbs	1,019	116	11.4%	549	53.8%	549	53.8%	69	6.8%
Albany	310	61	19.8%	176	56.7%	138	44.4%	79	25.6%
Syracuse	441	38	8.7%	372	84.4%	160	36.3%	35	8.0%
Rochester	535	85	15.9%	136	25.5%	136	25.5%	35	6.6%
Buffalo	392	71	18.2%	213	54.3%	209	53.3%	30	7.8%
Southern Tier	326	30	9.3%	170	52.1%	169	51.8%	34	10.3%
Catskills	280	23	8.3%	196	70.0%	196	70.0%	13	4.5%
Adirondacks	207	74	35.6%	88	42.4%	88	42.4%	49	23.8%
Statewide	20,210	1,770	8.8%	4,135	20.5%	3,599	17.8%	1,122	5.6%

Geographic Area	Exclude Physically Disabled		Exclude Multiple Problems		Exclude Fam. With More Than 3 Kids		Exclude Out-of- Town		Exclude Other	
	#	%	#	%	#	%	#	%	#	%
New York City	9,150	54.8%	8,698	52.1%	799	4.8%	44	0.3%	550	3.3%
NYC Suburbs	0	0.0%	0	0.0%	107	10.5%	0	0.0%	109	10.7%
Albany	98	31.6%	12	3.7%	149	48.0%	0	0.0%	25	8.1%
Syracuse	18	4.0%	9	2.1%	328	74.4%	3	0.7%	86	19.4%
Rochester	109	20.4%	81	15.1%	68	12.6%	0	0.0%	51	9.6%
Buffalo	0	0.0%	71	18.2%	24	6.1%	71	18.2%	105	26.8%
Southern Tier	103	31.6%	28	8.6%	73	22.4%	11	3.2%	54	16.7%
Catskills	27	9.8%	0	0.0%	0	0.0%	0	0.0%	8	3.0%
Adirondacks	17	8.0%	50	24.1%	1	0.5%	0	0.0%	0	0.0%
Statewide	9,521	47.1%	8,950	44.1%	1,549	7.7%	129	0.6%	988	4.9%

*All programs are considered to have responded to this question.

Programs Limiting Length of Stay and Their Associated Shelter Beds

For All Respondents

Geographic Area	Total		With Limit		No Limit		Not Reporting	
	Programs	Beds	Programs	Beds	Programs	Beds	Programs	Beds
New York City	90	16,699	37	1,213	34	15,370	19	116
NYC Suburbs	25	1,019	15	500	5	479	5	40
Albany	18	310	11	231	2	18	5	61
Syracuse	13	441	8	109	4	323	1	9
Rochester	19	535	9	130	5	187	5	218
Buffalo	14	392	9	234	1	5	4	153
Southern Tier	30	326	19	229	5	69	6	28
Catskills	20	280	9	138	4	87	7	56
Adirondacks	21	207	12	86	3	93	6	28
Statewide	250	20,210	129	2,870	63	16,632	58	708
							23.2%	3.5%

For Respondents Reporting on the Question

Geographic Area	With Limit		No Limit	
	Programs	Beds	Programs	Beds
New York City	52.1%	7.3%	47.8%	92.7%
NYC Suburbs	75.0%	51.0%	25.0%	49.0%
Albany	84.6%	92.8%	15.4%	7.2%
Syracuse	66.7%	25.2%	33.3%	74.8%
Rochester	64.3%	41.0%	35.7%	59.0%
Buffalo	90.0%	97.8%	10.0%	2.2%
Southern Tier	79.2%	76.8%	20.8%	23.2%
Catskills	69.2%	61.4%	30.8%	38.6%
Adirondacks	80.0%	48.0%	20.0%	52.0%
Statewide	67.2%	14.7%	32.8%	85.3%

Table 22

Programs Limiting Number of Stays and Their Associated Shelter Beds

For All Respondents

<u>Geographic Area</u>	<u>Total</u>		<u>With Limit</u>		<u>No Limit</u>		<u>Not Reporting</u>	
	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>
New York City	90	16,699	14	437	52	16,044	24	218
NYC Suburbs	25	1,019	4	42	15	937	6	40
Albany	18	310	5	107	6	126	7	77
Syracuse	13	441	4	31	8	401	1	9
Rochester	19	535	9	213	6	140	4	182
Buffalo	14	392	4	146	7	154	3	92
Southern Tier	30	326	10	179	13	119	7	28
Catskills	20	280	6	109	8	128	6	43
Adirondacks	21	207	6	37	8	137	7	33
Statewide	250	20,210	62	1,301	123	18,186	65	723
							26.0%	3.6%

For Respondents Reporting on the Question

<u>Geographic Area</u>	<u>With Limit</u>		<u>No Limit</u>	
	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>
New York City	21.2%	2.7%	78.8%	97.3%
NYC Suburbs	21.1%	4.3%	78.9%	95.7%
Albany	45.5%	46.0%	54.5%	54.0%
Syracuse	33.3%	7.2%	66.7%	92.8%
Rochester	60.0%	60.4%	40.0%	39.6%
Buffalo	36.4%	48.5%	63.6%	51.5%
Southern Tier	43.5%	60.1%	56.5%	39.9%
Catskills	42.9%	46.1%	57.1%	53.9%
Adirondacks	42.9%	21.0%	57.1%	79.0%
Statewide	33.5%	6.7%	66.5%	93.3%

Table 23

Average Stay of Sheltered Persons in
Families and Single Persons (in Days)

Average Based on Those Reporting*

<u>Geographic Area</u>	<u>Persons in Families</u>		<u>Single Persons</u>	
	<u>Average</u>	<u>(Percent Not Reporting)</u>	<u>Average</u>	<u>(Percent Not Reporting)*</u>
New York City	184	1.0%	83	84.4%
NYC Suburbs	89	5.1%	245	30.6%
Albany	16	51.6%	79	25.3%
Syracuse	20	11.1%	100	13.3%
Rochester	26	58.7%	68	47.1%
Buffalo	24	51.9%	21	31.9%
Southern Tier	44	13.3%	42	35.6%
Catskills	20	29.6%	18	27.1%
Adirondacks	4	34.3%	92	19.0%
Statewide	169	4.5%	90	73.4%

*Data unavailable for single persons in public shelters in New York City.

Table 24

Programs Providing Meals, Information/Referral, or
Supportive Services and Associated Shelter Beds

For All Respondents

<u>Geographic Area</u>	<u>Total</u>		<u>Meals</u>		<u>Info./Ref.</u>		<u>Support Services</u>		<u>Not Reporting</u>	
	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>
New York City	90	16,699	70	16,067	61	16,465	57	16,375	1	0.0%
NYC Suburbs	25	1,019	17	955	22	1,006	21	994	2	8.0%
Albany	18	310	12	249	16	289	14	267	1	1.3%
Syracuse	13	441	9	304	12	395	10	309	0	1.7%
Rochester	19	535	14	335	16	373	13	305	0	0.0%
Buffalo	14	392	9	168	13	387	12	323	3	15.8%
Southern Tier	30	326	17	257	25	311	19	184	1	7.1%
Catskills	20	280	13	231	14	254	14	255	4	13.3%
Adirondacks	21	207	17	188	17	188	17	188	3	15.0%
Statewide	250	20,210	178	18,753	196	19,667	177	19,201	18	14.3%

For Respondents Reporting on the Question

<u>Geographic Area</u>	<u>Meals</u>		<u>Info./Ref.</u>		<u>Support Services</u>	
	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>	<u>Programs</u>	<u>Beds</u>
New York City	78.7%	96.2%	68.5%	98.6%	64.0%	98.1%
NYC Suburbs	73.9%	94.9%	95.7%	100.0%	91.3%	98.9%
Albany	70.6%	81.7%	94.1%	94.7%	82.4%	87.8%
Syracuse	69.2%	68.9%	92.3%	89.6%	76.9%	70.1%
Rochester	87.5%	89.7%	100.0%	100.0%	81.2%	81.7%
Buffalo	69.2%	43.3%	100.0%	100.0%	92.3%	83.5%
Southern Tier	65.4%	82.7%	96.2%	100.0%	73.1%	59.1%
Catskills	76.5%	83.0%	82.4%	91.4%	82.4%	91.7%
Adirondacks	94.4%	97.8%	94.4%	97.8%	94.4%	97.8%
Statewide	76.7%	93.8%	84.5%	98.4%	76.3%	96.1%

Table 25

Major Unmet Needs of Sheltered Homeless Persons
(Agency Response Weighted by Beds)*

<u>Geographic Area</u>	<u>Meals</u>	<u>Housing Referral</u>	<u>Job Training</u>	<u>Psychiatric Services</u>	<u>Medical Services</u>	<u>Education</u>
New York City	2.5%	58.3%	41.3%	43.3%	41.0%	38.7%
NYC Suburbs	2.0%	41.1%	10.4%	8.0%	5.9%	31.2%
Albany	6.3%	27.0%	37.6%	15.2%	18.3%	25.8%
Syracuse	23.4%	12.0%	36.8%	47.0%	8.5%	2.1%
Rochester	2.1%	27.8%	44.8%	40.3%	26.8%	33.2%
Buffalo	18.1%	8.1%	52.9%	21.7%	27.9%	29.7%
Southern Tier	5.2%	35.8%	61.5%	11.3%	38.7%	20.8%
Catskills	3.0%	39.7%	66.0%	50.1%	29.9%	28.4%
Adirondacks	0.0%	33.7%	21.1%	39.4%	2.0%	47.2%
Statewide	3.3%	53.5%	40.3%	40.2%	37.0%	36.7%

<u>Geographic Area</u>	<u>Child Care</u>	<u>Counseling Services</u>	<u>Info. on Cash Asst.</u>	<u>Advocacy/ Translation</u>	<u>Info./ Referral</u>	<u>Other</u>
New York City	58.0%	37.2%	2.8%	2.0%	1.0%	1.6%
NYC Suburbs	11.5%	33.5%	7.4%	8.5%	0.4%	1.5%
Albany	4.9%	1.7%	3.6%	0.0%	0.0%	3.7%
Syracuse	12.6%	0.5%	10.1%	12.6%	0.0%	2.5%
Rochester	22.0%	18.2%	5.2%	10.6%	5.2%	19.4%
Buffalo	11.6%	17.6%	11.6%	5.9%	15.8%	0.0%
Southern Tier	37.0%	4.3%	13.3%	4.3%	7.6%	16.1%
Catskills	64.5%	53.9%	28.4%	26.1%	3.0%	0.0%
Adirondacks	42.1%	26.1%	2.0%	37.4%	24.1%	10.6%
Statewide	51.8%	34.5%	3.9%	3.5%	1.7%	2.3%

*The procedure used for this table was to determine the average nightly clients served ("beds") for each agency that indicated a specific service as a major unmet need. The sum of such beds within a region was expressed as a percentage of all beds in the region. In effect, the procedure provides a weighted average of the agency responses. It can be expressed thus: agencies accounting for 3.2 percent of the shelter beds said that meals were a major unmet need.

Percentages based on those reporting on the question. Statewide, 0.8% did not report. The non-response rate for the Rochester Area was 26.9%.

APPENDIX D

A Method for Estimating the Total Homeless Population: Sheltered and Unsheltered

Earlier this year, the Office of Policy Development and Research, United States Department of Housing and Urban Development, issued a Report to the Secretary on the Homeless and Emergency Shelters. In that report, HUD estimated the number of unsheltered homeless persons on the basis of three studies that counted homeless persons on the streets and those in shelters on a given night. Such street counts were undertaken in Boston, Phoenix, and Pittsburgh in 1983. The data reported by HUD showed the ratio of unsheltered persons to those in shelters to be 2.7-to-1 in Phoenix and 1.3-to-1 in the two Eastern cities. The ratio reported for Boston and Pittsburgh can be used to estimate the number of unsheltered persons in New York State as follows.

A conservative estimate of the number of unsheltered homeless persons can be derived by applying the 1.3-to-1 ratio to those counties having at least one large city (a city of at least 100,000 persons): Albany, Erie, Monroe, Onondaga and Westchester counties and New York City. The nightly average number of sheltered persons in these places is 18,351 (16,699 in New York City and 1,652 in the remaining five counties). Applying the 1.3-to-1 ratio to that number produces an estimate of 23,856 unsheltered homeless persons in the five counties and New York City. If that number is added to the 20,210 persons sheltered Statewide, the estimated total number of homeless persons in the State is 44,066.

The above estimate is conservative in several respects. For example, the 1.3-to-1 ratio reported for the Boston study ignored about 650 homeless persons who were neither in shelters nor on the street; they were in detoxification or mental health centers on the night of the count. Had that group (representing 23.6 percent of Boston's homeless population) been included, the ratio of homeless persons not in shelters to those in shelters would have been 3.0-to-1, not 1.3-to-1.

The above method also assumes that there are no unsheltered homeless persons in the remaining 52 counties of the State. This assumption can be lifted, to derive a less restrictive estimate of the total number of homeless persons in the State. The estimated total number of homeless persons derived for the above five counties (excluding New York City) can be expressed as a per-capita figure, and that per-capita rate of homelessness can be applied to the remaining counties of the State. Such a procedure does not assume that the ratio of unsheltered to sheltered homeless persons is the same in different areas of the State, but it does assume that the per-capita rate of homelessness in the above five counties is similar to the per-capita rate of homelessness in the remaining counties (excluding New York City).

Using the 1.3-to-1 ratio, the total number of homeless persons in the five counties can be estimated to be 3,800. Based on a combined 1980 population of 3,334,138 for these counties, this figure represents 114 homeless persons per 100,000 population. Applying that per-capita rate to the population of the remaining 52 counties (excluding New York City) would result in an estimate of 8,154 homeless persons in those counties. Thus, if this approach were used to estimate the total number of homeless persons in the State, the result would be 50,362 (3,800 for the five counties, 38,408 for New York City, and 8,154 for the remaining 52 counties).

APPENDIX E

COMMUNITY RESIDENTIAL FACILITIES
Licensing/Regulatory Agency By Facility Type
OFFICE OF MENTAL HEALTH

<u>County</u>	<u>Total</u>		<u>Community Residence/ Halfway House</u>		<u>Community Residence/ Supervised Living</u>		<u>Community Residence/ Supportive Living</u>		<u>Residential Treatment</u>	
	<u>Facilities</u>	<u>Beds</u>	<u>Facilities</u>	<u>Beds</u>	<u>Facilities</u>	<u>Beds</u>	<u>Facilities</u>	<u>Beds</u>	<u>Facilities</u>	<u>Beds</u>
Albany	12	183	1	12	9	122	2	49	0	0
Allegany	1	13	0	0	1	13	0	0	0	0
Broome	6	59	0	0	2	22	4	37	0	0
Cattaraugus	2	24	0	0	2	24	0	0	0	0
Cayuga	1	24	0	0	1	24	0	0	0	0
Chemung	3	32	1	10	1	10	1	12	0	0
Clinton	3	32	0	0	2	20	1	12	0	0
Columbia	3	46	0	0	3	46	0	0	0	0
Dutchess	11	209	0	0	10	189	0	0	1	0
Erle	13	239	3	30	7	97	3	112	0	20
Franklin	2	22	0	0	2	22	0	0	0	0
Fulton	1	12	0	0	1	12	0	0	0	0
Genesee	1	20	0	0	1	20	0	0	0	0
Greene	2	26	0	0	1	10	1	16	0	0
Herkimer	2	31	0	0	1	24	0	0	1	7
Jefferson	2	24	1	12	1	12	0	0	0	0
Madison	2	16	0	0	1	10	1	6	0	0
Monroe	20	332	0	0	12	156	6	130	2	46
Montgomery	3	58	0	0	2	34	1	24	0	0
Nassau	3	46	0	0	3	46	0	0	0	0
Niagara	1	44	0	0	0	0	1	44	0	0
Oneida	1	64	0	8	2	32	1	24	0	0
Onondaga	4	150	1	21	2	129	1	0	0	0
Ontario	12	26	3	0	9	14	1	12	0	0
Orange	2	9	0	9	1	0	0	0	0	0
Oswego	1	9	1	0	0	0	0	0	0	0
Rensselaer	2	18	0	0	2	18	0	0	0	0
Rockland	4	66	0	0	3	31	1	35	0	0
St. Lawrence	7	126	1	20	5	94	1	12	0	0
Saratoga	1	12	0	0	1	12	0	0	0	0
	4	53	0	0	2	18	2	35	0	0

County	Total	Residence/ Halfway House	Residence/ Supervised Living	Residence/ Supportive Living	Residential Treatment
		Facilities	Beds	Facilities	Beds

County	Facilities	Beds	Facilities	Beds	Facilities	Beds	Facilities	Beds	Facilities	Beds
Schenectady	8	114	1	13	4	44	3	57	0	0
Schoharie	1	12	0	0	1	12	0	0	0	0
Suffolk	15	227	1	24	12	165	2	38	0	0
Tompkins	3	22	0	0	1	8	2	14	0	0
Ulster	7	128	1	11	5	93	1	24	0	0
Warren	2	33	0	0	1	3	1	25	0	0
Washington	1	12	0	0	1	12	0	0	0	0
Westchester	21	326	7	61	2	48	10	123	2	94
TOTAL	189	2890	22	231	115	1651	46	841	6	167
NYC only										
TOTAL	77	1573	7	159	17	478	51	864	2	72

APPENDIX F

Licensed Capacity of Residential Facilities*

	<u>Office of Mental Health</u>	<u>Division of Substance Abuse Services</u>	<u>Division of Alcoholism and Alcohol Abuse</u>	<u>Division for Youth Group Homes</u>
Albany	308	40	104	8
Allegany	13	0	0	0
Broome	987	0	77	0
Cattaraugus	24	0	0	0
Cayuga	24	0	0	0
Chautauqua	0	0	0	0
Chemung	169	0	17	0
Chenango	0	0	0	0
Clinton	32	0	0	0
Columbia	46	0	0	0
Cortland	0	0	0	0
Delaware	0	0	0	0
Dutchess	1,776	70	102	0
Erie	1,903	0	165	12
Essex	0	0	0	0
Franklin	22	0	39	0

	<u>Office of Mental Health</u>	<u>Division of Substance Abuse Services</u>	<u>Division of Alcoholism and Alcohol Abuse</u>	<u>Division for Youth Group Homes</u>
Oswego	18	0	0	0
Otsego	0	0	0	0
Putnam	0	103	52	0
Rensselaer	66	0	41	0
Rockland	1,919	0	52	0
St. Lawrence	694	0	53	0
Saratoga	53	0	0	0
Schenectady	114	16	73	0
Schoharie	12	0	0	0
Schuyler	0	0	0	0
Seneca	769	0	30	0
Steuben	0	0	0	0
Suffolk	9,913	85	170	10
Sullivan	0	627	0	0
Tioga	0	0	0	0
Tompkins	22	50	0	0
Ulster	128	93	50	8

	<u>Office of Mental Health</u>	<u>Division of Substance Abuse Services</u>	<u>Division of Alcoholism and Alcohol Abuse</u>	<u>Division for Youth Group Homes</u>
Fulton	12	0	0	0
Genesee	20	0	0	0
Greene	26	0	0	0
Hamilton	0	0	0	0
Herkimer	31	0	0	0
Jefferson	24	16	21	0
Lewis	0	0	0	0
Livingston	0	0	0	0
Madison	16	0	0	0
Monroe	1,802	0	172	9
Montgomery	58	0	0	0
Nassau	112	60	112	8
Niagara	44	0	19	0
Oneida	1,934	0	70	0
Onondaga	433	20	101	12
Ontario	26	0	37	0
Orange	1,624	0	42	0
Orleans	0	0	0	0

	<u>Office of Mental Health</u>	<u>Division of Substance Abuse Services</u>	<u>Division of Alcoholism and Alcohol Abuse</u>	<u>Division for Youth Group Homes</u>
Warren	33	0	0	0
Washington	12	0	0	0
Wayne	0	0	0	0
Westchester	558	10	87	0
Wyoming	0	0	0	0
Yates	0	0	0	0
Bronx	1,532	680	86	0
Kings	1,445	71	136	0
New York	2,238	1,237	317	0
Queens	2,752	397	61	0
Richmond	486	0	40	0
New York City	8,453	2,385	640	211
Rest of State	<u>25,777</u>	<u>1,190</u>	<u>1,686</u>	<u>67</u>
State Total	34,230	3,575	2,326	278

* Capacity figures for Office of Mental Health, Division of Substance Abuse Services, and Division of Alcoholism and Alcohol Abuse are current as of August, 1984; those for Division for Youth are current as of July, 1984. Capacity for Division of Alcoholism and Alcohol Abuse showing in this table includes inpatient rehabilitation, community residences, and alcoholism crisis centers.

APPENDIX G

	<u>1980 Percent Below Poverty</u>	<u>1983 Unemployment Rate</u>
Albany	10.2	6.5
Allegany	15.0	10.8
Bronx	27.6	9.0
Broome	8.8	7.6
Cattaraugus	13.5	11.9
Cayuga	11.3	11.4
Chautauqua	11.2	10.2
Chemung	11.0	10.5
Chenango	12.3	10.6
Clinton	13.3	9.8
Columbia	10.5	7.8
Cortland	14.7	10.7
Delaware	14.1	7.4
Dutchess	7.3	6.2
Erie	10.6	11.9
Essex	13.4	11.8
Franklin	16.7	12.7
Fulton	11.8	12.0
Genesee	9.1	12.6
Greene	11.7	11.0
Hamilton	13.0	14.6
Herkimer	12.9	10.4
Jefferson	13.7	13.8
Kings	24.0	10.2
Lewis	13.2	10.2
Livingston	10.1	10.3
Madison	12.4	8.1
Monroe	8.8	7.9
Montgomery	10.5	10.5
Nassau	4.8	6.0
New York	21.8	10.3
Niagara	8.8	13.4
Oneida	11.0	8.6
Onondaga	9.6	7.5
Ontario	7.9	9.4
Orange	10.0	8.3
Orleans	9.8	11.9
Oswego	12.3	9.2
Otsego	15.3	7.3
Putnam	4.1	6.1
Queens	11.4	8.7
Rensselaer	11.2	7.8
Richmond	8.2	7.0
Rockland	6.2	6.0
St. Lawrence	17.2	9.8
Saratoga	8.0	7.4
Schenectady	8.7	6.9
Schohorie	13.3	9.7
Schuyler	10.6	10.8
Seneca	8.5	9.5

	<u>1980 Percent Below Poverty</u>	<u>1983 Unemployment Rate</u>
Steuben	12.2	10.1
Suffolk	6.6	6.8
Sullivan	15.1	7.7
Tioga	8.7	9.0
Tompkins	17.0	5.9
Ulster	11.2	7.6
Warren	12.7	10.2
Washington	12.5	7.7
Wayne	8.8	10.9
Westchester	7.1	5.5
Wyoming	9.4	9.9
Yates	<u>14.4</u>	<u>9.7</u>
STATE TOTAL	13.4	8.6